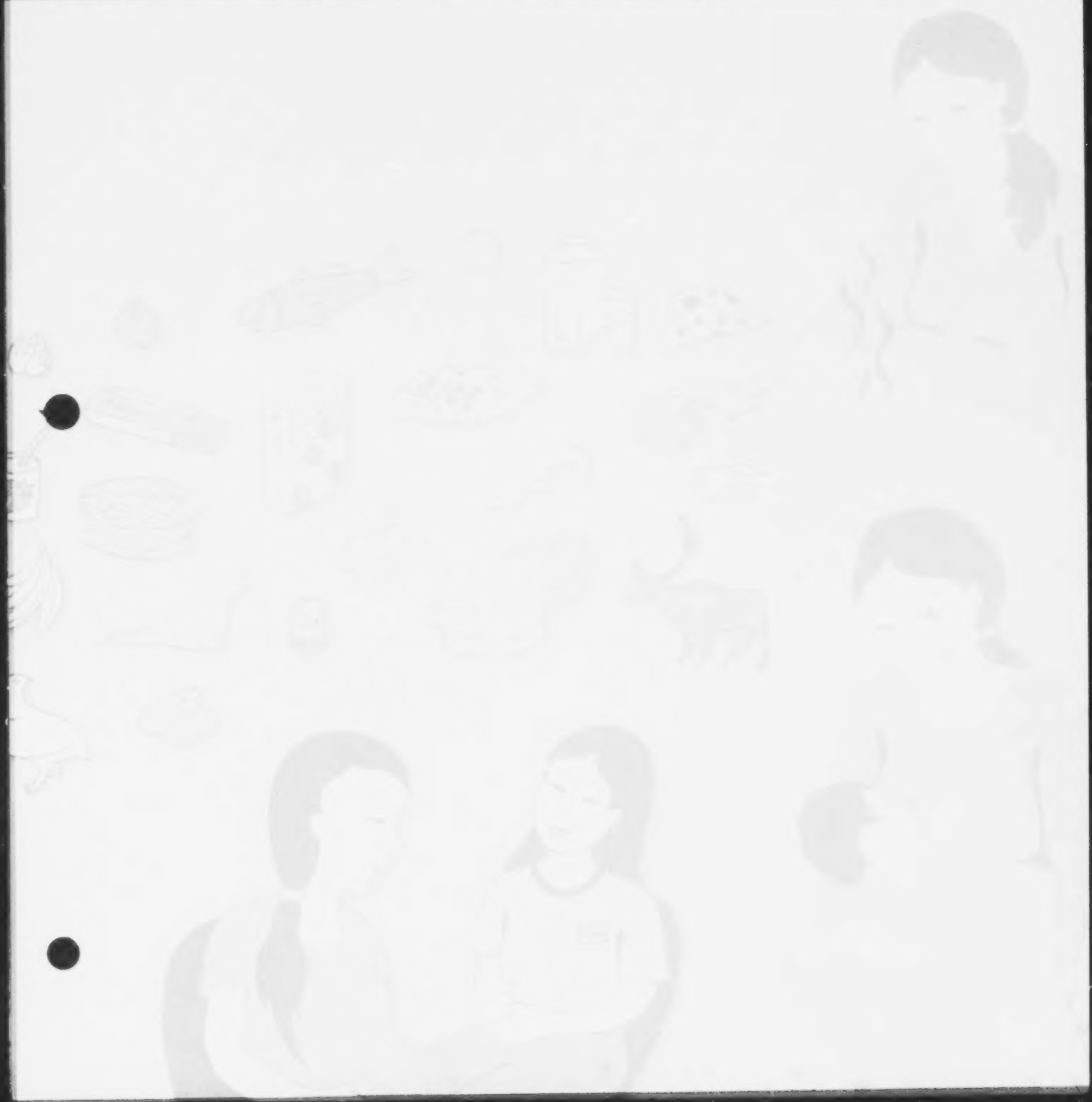
CANADA PRENATAL NUTRITION PROGRAM - FIRST NATIONS AND INUIT COMPONENT (CPNP - FNIC)

The CPNP Guidebook

A CPNP WORKER'S GUIDE TO RUNNING A GREAT COMMUNITY PROGRAM



Our mission is to help the people of Canada maintain and improve their health.
Health Canada

The CPNP Guidebook
... a CPNP worker's guide to running a great community program

Également disponible en français sous le titre : ***Le Guide du PCNP***
...un guide pour aider les intervenantes du PCNP à offrir un excellent programme communautaire

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Foreword

Next year (2005–2006) will mark the Canada Prenatal Nutrition Program's 10th anniversary. Over the past 10 years, CPNP projects in First Nations and Inuit communities across Canada have been growing and developing, and making a difference to the health of women and infants! The stream of CPNP delivered in First Nations and Inuit communities is called the First Nations and Inuit Component of CPNP, or CPNP–FNIC.

This CPNP Guidebook is intended to expand on the existing guidelines and framework of CPNP–FNIC, and to incorporate what CPNP workers, nutritionists and program participants have told us about what really works in community CPNP projects. The result is a comprehensive, easy-to-use, all-in-one reference for designing and delivering CPNP. This guidebook should be of particular benefit to new staff and will be a good reference for existing health workers and other stakeholders at the community level. It contains:

- basic program information
- a description of the kinds of reporting required by workers, and an explanation of the purpose of these activities
- step-by-step instructions and "how to's" for key program activities
- roles and responsibilities for a variety of health service providers
- and much more…

This guidebook certainly did not write itself. There are many people we would like to thank. In particular, we are very appreciative of the Government of the Northwest Territories nutritionists and their colleagues, who developed an excellent CPNP guidebook for the NWT and Nunavut in 2000. This new guidebook builds on that existing resource, and includes additional details related to the structure of the Canada Prenatal Nutrition Program – First Nations and Inuit Component (CPNP–FNIC).

Other people we would like to thank are the many front line CPNP workers from across Canada who gave their time, energy and insight to help us bring this project to completion. Territorial government nutritionists and the FNIHB regional CPNP leads also contributed significantly to the review of this new guidebook, as did national office staff from our sister program within the Population and Public Health Branch (CPNP–PPHB).

Sincere thanks to all!

Lori Doran, MSc, RD
Senior Nutritionist and National Manager,
Canada Prenatal Nutrition Program – First Nations and Inuit Component
(CPNP–FNIC)

Have you just started to work in the prenatal nutrition program?

Do you need help to plan program activities?

Would you like to change or improve a program that already exists?

This book can help you deliver the prenatal nutrition program in your community.

It gives you:

information about the program, and what CPNP workers do

ideas and tips for program activities

a list of helpful resources

a guide to help you fill out your work plan.

This book can help you make the best use of the CPNP funds your community receives, to help women in your community have healthy pregnancies and healthy babies.

Section 1 gives you general information about CPNP and your role as a CPNP worker. The other sections provide more details, along with ideas for activities.

Make sure your program has these two CPNP resources:

- ***Building Healthy Babies***
  (First Nations or Inuit version)
- ***Recipes for Success***

Your community nurse or registered dietitian/registered nutritionist may have a copy you can use.

If you cannot find these resources, please contact the CPNP contact in your region. See Section 7 for a list.

All About CPNP

All About CPNP

Here's what you will find in this section:

- Why do we have CPNP?
- Who is CPNP for?
- How does CPNP work?
- What does a CPNP worker do?
- Do CPNP workers have any help?
- How can I spend CPNP funds?
- What are accountability and evaluation?
- Training: how can I learn more and keep up-to-date?
- Is confidentiality important?
- How can I make my program culturally grounded?

Why do we have CPNP?

CPNP's goal is **to improve the health of mothers and infants!**

The choices mothers make while they are pregnant or feeding their babies can have a big impact on their health, and on their babies' health.

As a CPNP worker, you can help women make the best choices when they are pregnant. This gives babies the best chance to start life in a healthy way.

These are the three things to aim for:

1. **Babies are healthy at birth**
   - They need to have a healthy birth weight. This will affect how healthy they are for the rest of their lives.
   - They need a good immune system to fight off disease.
   - They should not have Fetal Alcohol Spectrum Disorder or other problems.

2. **Babies are breastfed**
   - Breastfeeding has many benefits for the mother and the baby.
   - Women are encouraged to continue breastfeeding for up to 2 years and beyond.

3. **By 6 months of age, babies start to eat healthy solid foods**
   - Breast milk (or iron-fortified formula) is babies' main food until they are one year old.
   - By 6 months old, babies still need breast milk (or formula) and they also need to start eating foods rich in iron. This helps them grow and develop.
   - They should be given other healthy foods between 6 and 12 months of age, so they are ready for healthy table foods by the time they are one year old.

CPNP is for women across Canada who may be more likely to have unhealthy pregnancies. The program supports women in a way that fits with their culture and community.

Through CPNP, you can help women to:

- have access to enough healthy food to nourish the baby growing inside them
- learn more about how healthy eating and physical activity help both mother and baby
- learn to improve the way they shop for food and how they cook
- choose to breastfeed their babies for the best start in life
- breastfeed longer
- learn how to start their babies on the right foods, at the right times

This is why Health Canada funds CPNP!

Every year across Canada, CPNP projects serve about 6000 women in more than 500 First Nations and Inuit communities. These projects help to improve the health of mothers and infants. Your work is part of this success!

Evaluation of CPNP tells us...

- The projects funded by CPNP are providing services that in many cases would not be available in the communities.
- Women who take part in CPNP have access to services earlier in their pregnancy. This gives CPNP projects a better chance at helping to improve the health of the mother and infant.
- Part of the reason that CPNP is successful is because it provides a chance for women to come together in a supportive environment to share with one another as well as to learn about healthy nutrition and lifestyle during and after pregnancy.

Who is CPNP for?

CPNP is a program for all women living in First Nations or in Inuit communities who are:

- pregnant

- breastfeeding, or

- have infants up to one year old. This includes parents who adopted babies less than one year old.

Reaching women at risk

CPNP is for all women in your community. Sometimes the women who are most likely to have an unhealthy pregnancy do not come to your program. **They are women at risk.** You will need to reach out to them.

Women at risk may be facing:

- isolation (from their families and friends), or isolation because they live far from a community
- family violence
- use of alcohol or street drugs
- money problems
- too thin before getting pregnant
- not gaining enough weight
- gaining weight too quickly
- pregnant with more than one baby (twins, triplets, or more)
- many pregnancies (pregnant again less than one year after giving birth, having a miscarriage or an abortion)
- teenage pregnancy
- medical conditions such as diabetes, high blood pressure, heart disease, vomiting, or anemia
- emotional problems

Evaluation of CPNP tells us...
Home visits and other types of one-on-one support can help reach some of the women who are at higher risk.

Can a woman invite a friend?

It is good for the woman to invite her partner, a close friend or a family member to come with her to CPNP activities.

- When family or friends come with a woman, they can learn about the kinds of support they can give her after the baby is born.
- Their support can make it easier for the woman to have a healthy lifestyle. For example, her partner can eat healthy foods with her, be active with her, and help her go to health care appointments.

What about women who are not pregnant?

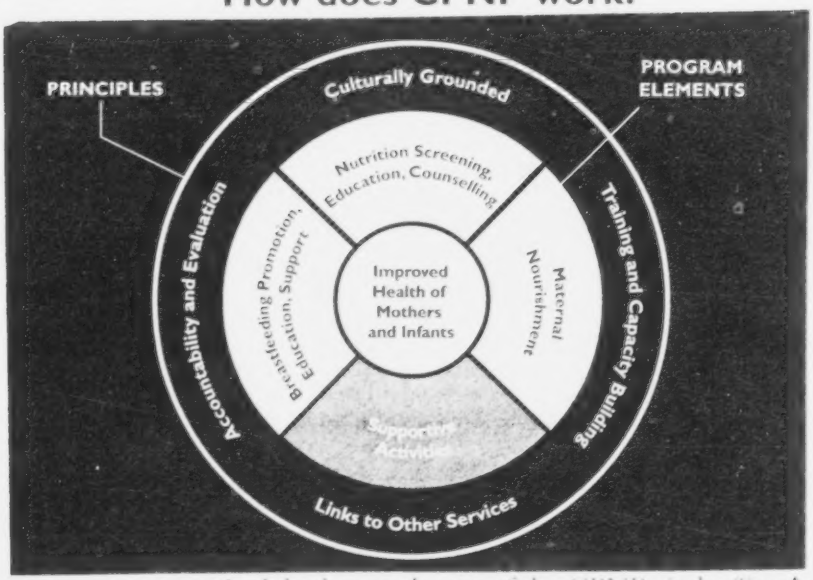
Women who are not pregnant are not the main target for CPNP funds. You can still provide programs for these women in years when there are not many births in your community.

Here are some examples:

- Make a presentation to a high school health class. Talk about the importance of physical activity, the need to take folic acid supplements before pregnancy, and infant feeding.
- Write a story for the community newspaper. Use it to raise awareness about the need to take folic acid supplements before and during pregnancy.
- Plan a health fair about getting ready for pregnancy. Provide information about healthy eating and physical activity.
- Make a display at a community event. The display could remind women with diabetes to have their blood sugar under control before they get pregnant.

Evaluation of CPNP tells us...
When women know about prenatal nutrition programs, they are more likely to come to them! People involved in the programs suggest that making mothers more aware of what they can gain from the program (through posters or radio announcements) will attract more women to the programs.

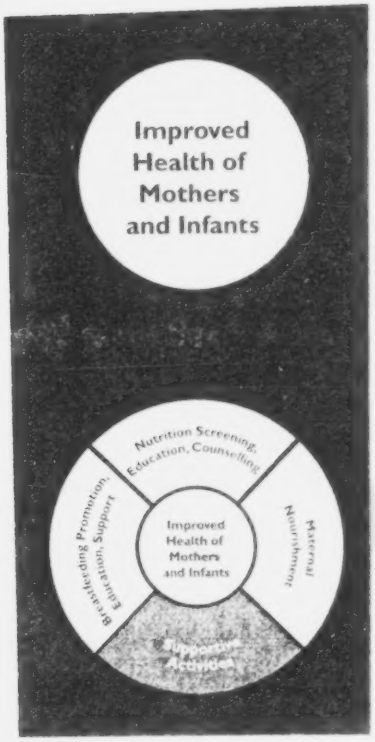
How does CPNP work?



If you want to learn more about the CPNP program:

- Appendix A shows the goals and objectives in more detail.
- Appendix B is a full-page diagram of the program model.
- Appendices C and D are samples of a work plan and year-end report.

Let's look at each part of the CPNP circle. (See Appendix B for a full-page diagram.)


Improved Health of Mothers and Infants
Nutrition Screening, Education, Counselling
Breastfeeding Promotion, Education, Support
Improved Health of Mothers and Infants
Maternal Nourishment

The centre of the circle — Improved health of mothers and infants

This is the **program's main goal**. When women are healthy during pregnancy, they learn how to stay healthy after the baby arrives. They also are more likely to give birth to a healthy baby. Babies who are healthy at birth are more likely to be healthy the rest of their lives.

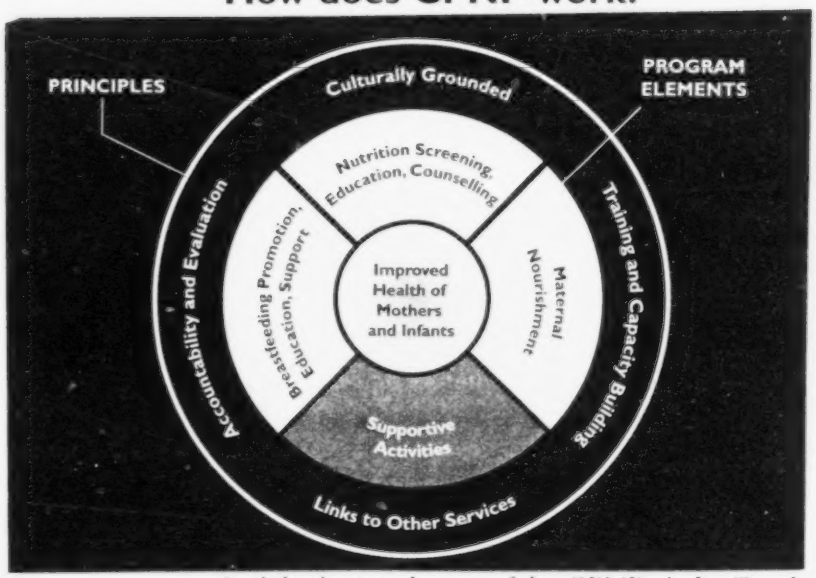
The circle's inner ring — Program Elements

There are four program elements. They tell you what kinds of activities you will be doing. The program elements consist of:

Core program elements (the three darker sections in the circle). Most of your CPNP activities will focus on these three areas. (See Sections 2, 3, and 4 for details.)

Supportive activities (one lighter section at the bottom of the circle). Supportive activities are things you can do **to support** the program in your community. These activities will help you deliver the program and meet your community's goals. (See Section 5 for details.)

How does CPNP work?



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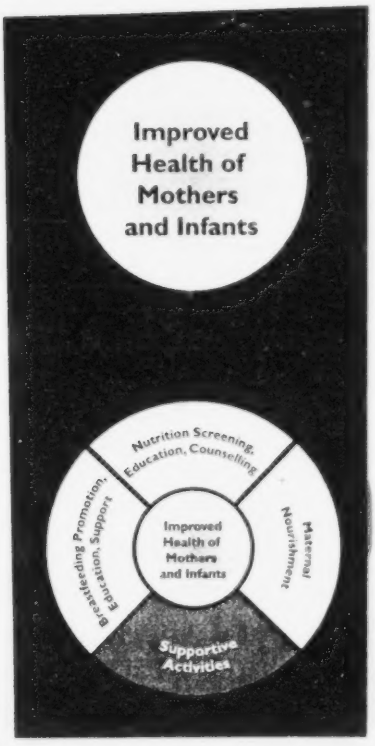
Improved Health of Mothers and Infants
Nutrition Screening, Education, Counselling
Breastfeeding Promotion, Education, Support
Improved Health of Mothers and Infants
Maternal Nourishment
Supportive Activities

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The circle's outer ring — Program Principles
These four principles guide CPNP programs across the country:

1. **Culturally grounded**
   Your program should fit with your community's culture and values. (See page 1–20 for details.)

2. **Training and capacity building**
   CPNP helps workers get the skills and knowledge they need to create programs that make a difference. (See page 1–16 for details.)

3. **Links to other services**
   Your CPNP program will work best if you link with other community services. (See page 1–10 for ideas about partnerships you could build.)

4. **Accountability and evaluation**
   - *Accountability* — This means that program workers need to keep track of how CPNP funds are spent. To be **accountable**, you need to have a work plan and you need to report to the CPNP contact in your region during the year. (See page 1–14 and Section 6 for details.)
   - *Evaluation* — How do we know whether CPNP is improving the health of mothers and infants? We measure the impact of the program by doing an **evaluation**. You should evaluate your program at the local level. You also need to be part of the national evaluation. (See Section 6 for more information.)

What does a CPNP worker do?

A CPNP worker plans and delivers program activities. Sometimes, there is more than one CPNP worker in a community. Sometimes, the community health representative (CHR) manages the CPNP program along with other duties.

In Appendix E, you will find a sample job description for a program worker.

The four points below describe how CPNP is delivered. As a CPNP worker, you are likely to be involved in these activities. You may do some of them with other workers, or with your program coordinator.

1. **When you plan and evaluate program activities:**
   - You can talk with people in your community about how CPNP can meet their needs and goals.
   - You will write up a work plan.
   - You need to keep track of activities and expenses.
   - You should look at your work plan often to check your progress.
   - You need to complete program evaluations and reports.

2. **When you deliver program activities:**
   - You can lead group or one-on-one sessions on prenatal nutrition.
   - You can plan and host cooking groups where people can learn about nutrition, how to handle food safely and how to cook.
   - You can set up a food hamper or food voucher system for women in your program.
   - You can organize other activities such as grocery store tours, workshops that teach women how to make homemade baby food, and presentations at schools or health fairs.
   - You can encourage and support breastfeeding women.
   - You can help women attend program activities (by paying for transportation or childcare, for example).

3. Linking with other services:

- Your CPNP program will work best if you link (or create partnerships) with other community services. See the next page for more information.

4. Learning more about prenatal nutrition:

- You need to keep up-to-date on prenatal nutrition. See "Training: how can I learn more and keep up-to-date?" on page 1–16.

Evaluation of CPNP tells us...
CPNP projects encourage women to take control of their health by creating an opportunity for them to ask questions and access more services.

Do CPNP workers have any help?

The answer is YES! You do not need to do this alone.

Across Canada, many CPNP workers have formed successful partnerships in their communities. Partnerships make the program community-based and community-supported.

Here are some partners who can help:

Links to Other Services

The CPNP contact in your region
In each region of the country, there is a CPNP contact. This person can help you find out more about CPNP, develop your work plan, and get the training you need. See Section 7 for a list of contacts. See Appendix F for details on the role of this partner.

Community health nurse
The community health nurse is a good partner for the work you are doing. She is likely in contact with the pregnant women in the community. Sometimes, your program activities can fit into a prenatal class that the nurse has set up. Or you could have a display at the nurse's well-baby clinic.

Registered dietitians or registered nutritionists
The CPNP contact for your region may be a registered dietitian or registered nutritionist. If not, she may be able to help you contact one. For example, there may be a dietitian or nutritionist at a nearby hospital or health centre. Why not invite this person to be a guest speaker at your program? See Appendix F for more details on what this partner can offer, how to find one, and how to make sure the person is qualified.

Community elders
You may invite elders in the community to be guest speakers. They can share traditional teachings and their experiences with pregnancy, breastfeeding and infant feeding. See page 1–20 for ideas about how to make your program culturally grounded.

Evaluation of CPNP tells us...
When elders are involved in prenatal classes, women are more likely to feel satisfied with the classes.

Store owners or managers in the community
Store owners can help you set up a food voucher program. They may also agree to sell food at a lower price (provide a discount) when you buy food for your program activities.

Schools
For activities involving teens, you may want to work with the school.

- You could offer to talk to students during a high school health class. The goal would be to raise awareness about the importance of exercise, taking folic acid supplements before getting pregnant, and infant feeding.
- Some pregnant teens may be too shy to come to a prenatal class, but they might feel comfortable about talking to you alone during a lunch break.

Other community programs

- substance abuse programs
- programs to prevent FASD (Fetal Alcohol Spectrum Disorder)
- wellness programs
- recreation programs
- programs that help women to quit smoking
- diabetes programs
- Aboriginal Head Start
- Brighter Futures

An advisory group
A community advisory group can help guide your program. It can:

- help you decide what the program's main focus should be
- help you set up program activities
- help you solve problems

Evaluation of CPNP tells us...
Involving Aboriginal partners in the development and delivery of CPNP through Steering or Advisory Committees can help make your program a success.

The people in the advisory group are volunteers who will not be paid. Here are some people who might become members of a community advisory group:

- a pregnant woman who attends the program
- elders
- a nurse or community health representative (CHR) from the health centre or public health unit
- a registered dietitian or registered nutritionist
- a social services worker, alcohol and drug worker, community wellness program worker, or recreation worker
- a councillor from the community leadership
- a store owner or manager
- the program's coordinator

See Appendix F for:

- more details on the roles of some partners
- a list of other partners

For more details on setting up a community advisory group, see Appendix F.

How can I spend CPNP funds?

As a CPNP worker, your work plan shows how you will spend CPNP funds in your community. Here are some clear guidelines about how the funds can be spent.

75% or more of your CPNP funds can be spent on...

Core program elements

Activities based on the three CPNP core elements are very important for the health of mothers and infants. The core program elements are:

1. **Nutrition screening, education and counselling**
2. **Maternal nourishment**
3. **Breastfeeding promotion, education and support**

At least 75% of your CPNP funds are to be used for activities that support these core program elements. For example:

- You will need to buy food if you decide to do cooking groups or to provide food hampers.
- You may want to pay for the services of a registered dietitian/registered nutritionist, lactation consultant or program coordinator.
- You may want to offer a small gift or payment (honorarium) for speakers, including elders.
- You may buy educational resources to use for teaching or for your own learning.
- You may need to pay for training to help you stay up-to-date.

For examples of core program activities, see Sections 2, 3 and 4.

Only 25% or less of your CPNP funds can be spent on...

Supportive activities

Two kinds of supportive activities can be part of your program:

1. **Activities that help women to access your program**

   This could include paying for childcare or transportation so women can come to your program, or paying for incentives to attract women to your program.

2. **Activities that do not focus on nutrition, but are needed to improve the health of mothers and infants in your community, and have no other funding in your community**

   This could include parenting classes, exercise programs for women of childbearing age, family planning/sex education, programs that help women to quit smoking, diabetes education, or other things that fit with your community's goals for the health of mothers and infants.

Remember to budget carefully for your supportive activities. No more than 25% of your CPNP funds can be used for them.

For more information on supportive activities, see Section 5.

You cannot use CPNP funds for...

medical treatment or therapy

major capital (such as a vehicle)*

major construction (such as a new building)

infant formula or diapers

things that are already covered by Non-Insured Health Benefits,** or other medical plans and health services.

CPNP funding does not pay for these items.

* Other funding sources exist for major capital. If there are major items that your program or health centre needs, discuss this with your director of health or present your case to your community council.

** For more information about items covered by Non-Insured Health Benefits, and how to get them, see Appendix G.

Use your imagination...

Many worthwhile activities are free!

What are accountability and evaluation?

Accountability means that your program reports clearly on how it uses CPNP funds.

Evaluation means that you measure the success of your program.

As with all health programs, there are some important reports and forms that you will need to complete. Here we briefly describe the main reports that are part of CPNP projects. You will find more details in Section 6.

Work plans (sometimes called proposals)
A work plan is an outline of the activities you are planning for the fiscal year. (Health Canada's fiscal year begins in April of one year and ends in March of the next year.) Your work plan shows what you will do, who will be involved, and how much you think the activities will cost. See Appendix C for a sample work plan form.

Reporting
In most regions, you must provide updates on your work plan a few times each year. You must also submit a final report (see Appendix D for a sample year-end report). This lets the CPNP contact in your region know what activities you have done, what they cost, and what impact they have had.

Not all regions report in the same way. The CPNP contact in your region can tell you how often you need to report, and what forms to use. (See Section 7 for a list of CPNP contacts.)

Evaluation

Local evaluation

You can ask women who come to your program and program partners to give you feedback on your program. This lets you see what you are doing well, and how you can improve the program. It also shows leaders in your community that your program is making a difference. Although you do not have to do this, CPNP suggests that you do local evaluation as part of your community's program.

National evaluation

The CPNP national office at Health Canada collects information about programs across the country. This helps them to find out whether CPNP is doing what it is meant to do — improving the health of mothers and infants in First Nations and Inuit communities.

It is very important that you take part in the national evaluation. Then your community's good work can help us know more about CPNP's success across Canada! Section 6 has more details on this.

Training: how can I learn more and keep up-to-date?

When pregnant women come to you with their questions, you might find you are not an expert on every subject. That's okay!

Your job is to help women **find the information** they need.

Part of your job is to learn about the three CPNP core program elements. They are:

1. Nutrition screening, education and counselling
2. Maternal Nourishment and
3. Breastfeeding promotion, education and support.

Just like doctors and nurses, you need to stay up-to-date, too.

How often should I get training? What should I learn?

At least once a year, take the time to think about the three core program elements.

- Was there a time when you were not sure what the best advice was for the pregnant women who had questions? Decide what you would like to know more about.
- Look through the book *Building Healthy Babies*. Choose a topic you want to learn more about.

Here are some examples:

How can I get the training I want?
Some regions have training events, teleconferences or videoconferences you can attend. Ask the CPNP contact in your region what is planned. See Section 7 for a list of CPNP contacts.

There are many ways to learn at home and in your community! You can…

- read sections of the book *Building Healthy Babies* to learn more about certain topics
- ask the community health nurse or registered dietitian/registered nutritionist to help you learn from the book *Building Healthy Babies*
- ask the community health nurse or registered dietitian/registered nutritionist to spend some time answering your questions
- talk to CPNP workers in other communities

For more ideas, contact the CPNP contact in your region (see Section 7 for a list of contacts).

Is confidentiality important?

YES! Personal information about the women in your program is private (or confidential). You need to be careful what you say to others and where you keep documents that contain personal information.

Be careful what you say to others

As a CPNP worker, you may hear very personal things from the women in your program. They may talk to you about trouble at home, their health, alcohol or drug use, and more. Your community health centre may have guidelines about privacy that you could read and follow. The goal is to keep all personal information private.

Here are some tips to help you maintain privacy (confidentiality):

- In public, do not say who is coming to your program, whether a pregnant woman is feeling well or not, and whether a woman's baby has been born yet.
- Do not share any information about the women who attend your program, even if someone asks and it seems harmless. If someone continues to ask questions, you can suggest that they talk to the person directly.
- If you need to share information with the community health nurse, do not talk where others can hear you (such as in a parking lot or grocery store).
- Use a private room for one-on-one sessions. Close the door to the room and make sure others cannot hear what you are saying.

Keep documents private

As part of reporting to CPNP, you need to keep track of your program activities. The tracking sheet you use will contain the names of women who come to your program and information about any health concerns. It is important to keep the tracking sheets and your reports in a locked drawer or cabinet that only you or other program staff can open. Do not keep them on or in your desk.

When does the confidentiality rule NOT apply?

Sometimes, by law, **you must tell someone** about a woman's private information. It is important for you to know about the cases when you have to report private information to the authorities. The laws are different in different provinces and territories. Talk to your employer about the mandatory reporting rules you need to follow.

A common mistake — Annie's story

Imagine that one weekend, a friend told you that her sister, Annie, is pregnant with her fourth child. At the grocery store, you see your CPNP partner, the community health nurse. You tell her that Annie is pregnant again, so you are going to buy snacks for one more person for the next CPNP session.

Is this okay?

You had good intentions, and this seems harmless, but it is not. In many ways, it does not respect Annie's privacy:

- Annie did not tell you herself that she is pregnant. Maybe she is not ready for people outside the family to know yet.
- You should not talk with others about Annie's pregnancy (even the nurse) **until Annie has told you it is okay to do so**.
- Your talk with the community health nurse was not private. Anyone at the grocery store could have heard. They will now know that Annie is pregnant.
- You should not let others know who is coming to your program. Even if it would be okay for the nurse to know, others should not know this fact.

How can I make my program culturally grounded?

Your community is unique. A culturally grounded program is one that fits with your community's culture and values. It is rooted in the community. It changes to meet your community's needs.

Community input

- To make the most of CPNP funding, take some time to find out what the women in your community need most. Talk to young mothers, elders, community health care providers and others in the community. Then plan how to use your CPNP money to meet these needs.
- Ask participants and program partners to tell you what they like and do not like about the program. Use their feedback to make changes that will improve the program for the whole community.

Elders in your community

Many programs invite elders to help them deliver their programs.

- You may invite elders to be guest speakers. They can share teachings. They can also share their experience with pregnancy, breastfeeding or infant feeding.
- Why not invite a community elder to attend many of your sessions? The elder can share his or her comments on any topic you are discussing.
- Do not forget to include men. Male elders often have many insights they can share with young parents and caregivers.
- You can use CPNP funds to buy a small gift or payment (honorarium) for guest speakers, including elders.

Traditional foods/Country foods

- A culturally grounded program supports women's access to traditional foods. It also helps families to learn about traditional foods and how they are prepared. Partners in your community, including elders, may be able to provide this kind of cultural knowledge.
- It may be possible to set up a community freezer for traditional foods. It may also be possible to form a partnership with hunters and trappers in your community. Both of these actions would help make traditional foods available to the women in your program. Be sure to check with your local Environmental Health Officer or Regional Environmental Health Manager to find out if there are any regulations about this in your area.

Nutrition Screening, Education and Counselling

Nutrition Screening, Education and Counselling

Here's what you will find in this section:

- What is "nutrition screening, education and counselling"?
- Why is this a core program element?
- Key activities you could do
  - Nutrition screening
  - Grocery store tour
  - Making baby food together
  - Promoting physical activity
- More ideas for activities
- Resources to help you learn and do more

What is "nutrition screening, education and counselling"?

As a CPNP worker, you will do **nutrition screening and nutrition education**. By doing nutrition screening and education, you are adding to the support that a pregnant woman gets from her nurse, doctor and registered dietitian or registered nutritionist. These people will do **nutrition counselling** with pregnant women who are at risk of health problems.

CPNP workers do nutrition screening and education:

Nutrition Screening

- Nutrition screening means talking to people about how they eat so you can find out how to help them eat better.
- In CPNP, you can use a simple *screening tool* to find out how a woman is eating. Then you will know what the woman needs to learn (**nutrition education**). You can help her set goals for healthy eating.
- By screening, you may find out that a woman has special nutrition problems. In this case, you should refer her to a registered dietitian, nurse or doctor for **nutrition counselling**.

Nutrition Education

- Nutrition education means helping people learn about nutrition and healthy eating.
- You can use the book *Building Healthy Babies* to help you choose topics for nutrition education for pregnant women (healthy eating for pregnancy, breastfeeding and infant feeding).
- You can do this one-on-one or in groups.

A dietitian, nurse or doctor does nutrition counselling:

Nutrition Counselling

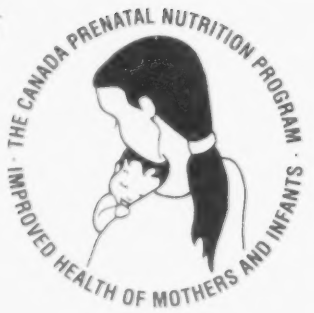
- Nutrition counselling is nutrition education that is tailored to help a person who has health problems related to nutrition.
- Health professionals (dietitians, nurses, doctors) can provide this kind of nutrition advice.
- Check the list below to find out which women in your program might need nutrition counselling.

Who needs nutrition counselling?

- Women who do not get key nutrients for pregnancy
- Women who are missing entire food groups
- Women who are not gaining enough weight
- Women with diabetes or other health conditions
- Women who are pregnant with more than one baby

Why is this a core program element?

Nutrition screening, education and counselling will improve the health of mothers and infants — the goal of CPNP!



Here is how:
Many women do not know that nutrition has a strong and lasting impact on the health of babies. How a woman eats when she is pregnant and how she feeds her baby after it is born will affect the baby's health.

When women choose healthy eating and exercise…

- It gives both the mother and her baby all the nutrients and energy they need to grow and be healthy.
- It helps women gain a healthy amount of weight during pregnancy.
- It helps babies begin life with a healthy birth weight.
- It helps babies grow strong and healthy during the first year of life. This is a very important year.

Through nutrition screening and nutrition education, you can help women learn to:

- eat better
- have healthier babies
- feed their babies the right foods at the right times.

Evaluation of CPNP tells us…

- Because of CPNP projects, women know more about nutrition and health.
- Pregnant women who receive nutrition counselling are more likely to make changes to their eating habits.

Key activities you could do

When planning your program, you need to plan activities from the three core elements of CPNP (see page 1–12). You can decide what activities to do based on your budget, the needs of your community, and what works in your community.

Four activities are described on the next few pages. They are good examples of things you could do in your program for the core element, "Nutrition screening, education and counselling":

- Nutrition screening
- Grocery store tour
- Making baby food together
- Promoting physical activity

A list of more ideas for activities is on page 2–19.

ACTIVITY PAGE
NUTRITION SCREENING

Why should I do nutrition screening?

- To find out what pregnant women are eating, so that you can help them to see how they can improve their eating habits.

Nutrition screening helps you find out which women might need extra help to improve their eating. As a CPNP worker, you can help women compare how they have been eating with the advice in *Canada's Food Guide to Healthy Eating*, or a local food guide.

When should I do this activity?

You can do this at the beginning of a group or one-on-one session. It can help you learn about how women in your program eat. It can also help you decide what to focus on for the rest of the session or for future sessions.

How often should I do this?

Screening is an important part of the CPNP program. You should do it at least twice for every pregnant woman.

1. When a woman joins your program, screening can help her learn about her eating habits. It can also help her take the first steps to eating better.
   - After the screening, you can help the woman set goals based on what she learned during the screening.
   - You could also ask the woman to write down what she eats every day for a week, so she can see the food choices she is making.
2. A month after she has joined the program, do the nutrition screening again.
   - Then she can see if she has taken any steps forward, and can set new goals.

How many people can be part of this activity?

You can do screening with a group or one-on-one. Some women may feel more comfortable if you do the nutrition screening alone with them.

What do I need?

- Enough copies of *Canada's Food Guide to Healthy Eating* (or a local food guide) for each person.
- A nutrition screening tool. On page 2–7, you will find a sheet called "*This week I have eaten...*". It is a quick, fun way for women to look at their eating habits.

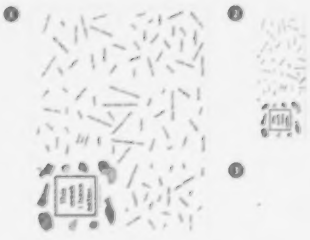
  One side of the page is for Inuit communities, and one is for First Nations. Make a photocopy of the page for each person in the group.

  If you find that the tool lists many foods that people in your community do not eat, you can change it! Use some "white out" to remove some foods from the page. Write in the names of foods (from the same food group) that people in your community eat.

  You can also use this screening tool with people who are not pregnant or breastfeeding!

ACTIVITY PAGE
NUTRITION SCREENING

Here's how to do nutrition screening:

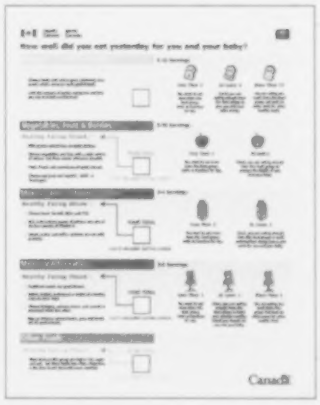


1. Ask participants to circle any foods on the sheet that they have eaten in the last week.
2. Ask them to fold the paper in half lengthwise.
3. Then ask them to fold it in three.
4. When they open the paper again, they will see that it is divided into the four food groups and "Other foods". People usually find this very interesting.
5. Talk about the foods that can help them have a healthy baby. These are the foods in the four food groups. These foods will give women and their babies all the nutrition that babies need for a healthy start.

6. Talk about "Other foods" being "sometimes foods". Many people eat a lot of these "Other foods". When people eat them too often, they are not good for babies or mothers.
7. Encourage the women to set goals. They should aim for better balance among the four food groups.
8. Remind the women to take their prenatal vitamin and mineral pill every day.
9. Talk to a nurse or a registered dietitian/registered nutritionist if you are concerned about a woman's eating habits.

Key messages for the women

- All babies need good nutrition to grow well and have the best start in life.
- When mothers eat foods from the four food groups every day, they increase their babies' chances of a healthy life.
- "Other foods" leave you less hungry for the foods your baby needs. Think of these foods as treats, and not "everyday" foods.



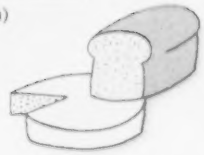
For more advanced nutrition screening...

Another tool you can use is "How well did you eat yesterday for you and your baby." It has more detail than the tool provided with this Activity Page.

- It helps women see how much food they are eating from each of the four food groups. It also helps them see if they are making healthy food choices within each food group. Then, they can decide to make changes.
- See Section 8 (page 8–13) for more information about this tool.

This week I have eaten...

(First Nations Version)



Eggs
Beef
Lentils
Fish Head Soup
Cheese Slice
Peanuts
Goose
Pork Chops
Yogurt
Chocolate Milk
Milk
Chicken
Liver
Fish
Ham
Pudding
Cream Soup
Moose
Deer
Caribou
Steak
Dried Peas
Cottage Cheese
Hamburger Meat
Turkey
Fish Bones
Rabbit
Cheddar Cheese
Ice Cream
Milkshake
Beans
Chicken Noodle Soup
Shrimp
Peanut Butter Sandwich
Macaroni and Cheese
Custard
Hamburger in a Bun
Seaweed
Cheese pizza
Tea
Fruit Drinks
Buttered Popcorn
Margarine
Pears
Cabbage
Prunes
Corn
Carrot
Bacon
Honey
Noodles
Apples
Candies
Coffee
Jam
Oatmeal
Bagel
Bean Sprouts
Broccoli
Yam
Tang™
Butter
Pancake
Banana
Grapes
Pie
Sugar
Macaroni
Pita
Potato Chips
Cake
Bun
Whole Wheat Bread
Berries
Raisins
Mango
Cantaloupe
Pickles
Ketchup
Coffee Whitener
Beer
Crackers
Spaghetti
Oranges
Turnip
Green Beans
Taco Chips
Klik™
Wild Rice
Cauliflower
Tossed Salad
Fruit Cocktail
Pop
Gravy
Brown Rice
Cereal
Bannock
Baked Potato

This week I have eaten...

(Inuit Version)

Beef
Eggs
Peanuts
Chicken
Muskox
Caribou (dried, fresh, frozen)
Rabbit
Pittsi
Goose
Baked Beans
Kidney
Liver
Heart
Duck
Muskox
Fish (cooked, fresh, frozen)
Caribou Stew
Caribou Soup
Seal
Turkey
Hamburger Meat
Hamburger in a Bun
Ham
Pizza
Dried Peas
Turkey
Pork Chops
Peanut Butter Sandwich
Muktuk
Fish Head Soup
Pudding
Fish Bones
Yogurt
Seaweed
Cheese pizza
Pears
Mountain Sorrel
Kraft Dinner
Bagel
Pancake
Chicken Noodle Soup
Waffle
Pomidge
Bun
Macaroni
Crackers
Rice
Whole Wheat Bread
White Bread
Cereal
Spaghetti
Bannock
Mushroom Soup
Cheese Slice
Milk
Chocolate Milk
Cottage Cheese
Ice Cream
Cheddar Cheese
Corn
Carrot
Apples
Grapes
Orange Juice (100%)
Mixed vegetables
Canned Fruit
Green Beans
Broccoli
Peas
Oranges
Raisins
Celery
Berries
Banana
Baked Potato
Apple Juice
Salad
Prunes
Tea
Margarine
Bacon
Coffee
Tang™
Sugar
Potato Chips
Chocolate Bar
Pop
Bologne
Lard
Candies
Butter
Cookies
Jam
Doughnut
Hot Dog
Klik™
Coffee Mate™

Why would I do a grocery store tour?

Healthy eating starts by choosing healthy foods. Healthy foods may be traditional foods (country foods), or foods that people buy in a store. By doing a grocery store tour, you can talk to women about choosing low cost, nutritious food when they are shopping.

You can focus on many things on a grocery store tour:

- **Reading the labels** — This is how you compare the nutritional value of foods that come in packages.
- **Choosing low cost food** — Some people are surprised that they can eat well for less money. For example, many women may not know that frozen vegetables are just as good for you as fresh vegetables. Compare the prices, and women will see that they CAN afford vegetables!
- **Making new choices** — Some people always buy the same things at the store. You can show them some new things to try!

When? How often? How many people can be part of the tour?

- You can do this activity at any time. It is good to do it at least twice a year. That way, every pregnant woman will have a chance to tour a grocery store at least once.
- You can take one woman or a small group of women to the store. A group of eight or less is easy to manage.

What do I need?

A few days before the tour:

- Contact the owner or manager of the store to talk about your plans. Let him or her know why you are coming and when you plan to visit. This is a good first step to forming a partnership with your community store.
- It is good to go to the grocery store by yourself two or three days before the tour. While you are there, you can find the best examples of foods to show the women from each of the four food groups.

Reading labels

It is good to talk about reading nutrition labels as a group before doing the grocery store activity. Then when you do go to the store, everyone will know where to look on food packages for the information you want to compare.

- You can use the label reading activity in the book *Building Healthy Babies*.
- You can also use the nutrition labelling toolkit. See Section 8 – Handy Resources, page 8–15.

On the day of the tour:

- Have a copy of *Canada's Food Guide to Healthy Eating* or a local food guide for each woman. They can look at the guide during the grocery store tour.

Here's how to do the grocery store tour:

Walk down the aisles of the grocery store with the women. Talk about foods from each of the four food groups that you find in the store. Compare prices and nutrition content. Show the women the "low cost nutritious choices". These are the foods that are healthy and have low cost.

On the next page, you will find some examples of things to point out within each of the four food groups.

This can be a "maternal nourishment" activity, too!

- You can give women a price limit and ask them to choose nutritious foods up to that amount. They can do this during the grocery store tour.
- After the tour, you can give each woman a food voucher to pay for the healthy foods she chose. Or you can buy the food for them with your CPNP funds, if you have an account at the store.

Other tips for the women

- Make a list of what you need before you go to the store.
- Shop when you are not hungry or tired.
- If you have young children, shop with a friend and take turns watching the kids.
- Before choosing larger package sizes, make sure they are a bargain. Do the math: is it really cheaper per 100 g? Can you use that amount? Can you safely freeze or store it?
- Watch the store flyers to see when items you need are on sale. Then stock up! Buy as many as you can afford and can use before they are no longer safe or good to eat.

This is just the start!

There are many good ideas that can help you add to this activity in Section 8 – Handy Resources.

Key messages for the women

- The four food groups provide good nutrition to make healthy babies.
- Even with a small food budget, you can eat well if you plan and make wise choices at the grocery store.
- Basic ingredients are usually cheaper than food that is already prepared. For example, homemade spaghetti sauce costs less than the kind that comes in a can or jar.
- Do not buy cans that are dented, rusty or swollen. The food inside the can may not be safe to eat.
- If healthy food choices are not available, talk to the store owner or manager about bringing them in.

What to point out at the store

Bannock, Breads & Cereals

Bread:
- Ask the women to each take a different type of bread from the shelf.
- Help them look on the label to see which loaf has the most fibre per serving, and which loaf has the least fat.
- Decide which bread is the best choice. It is the one that is higher in fibre, lower in fat and low in price.

Crackers:
- Ask the women to compare the fat and fibre content of a few types of crackers.
- Help them decide which ones are the best buys. These are the ones that are high in fibre, low in fat and low in price.

Cereals:
- Ask the women to each take a different type of cereal off the shelf. Some should be basic cereals (oatmeal, cream of wheat, cornmeal, Red River™) and others ready-to-eat cereals (Rice Krispies,™ Lucky Charms,™ small oatmeal packets with flavouring).
- Compare calories, fat and fibre per serving.
- Help the women see that the basic cereals have the best value, based on nutrition and price. They can also see that some of the ready-to-eat cereals are better choices than others.

Rice and pasta:
- Take a look at the ingredients in instant or flavoured rice or pasta. Point out that they have a lot of ingredients such as salt that the natural rice or pasta do not have.
- Compare the cost of plain rice or pasta with the cost of the instant and flavoured kinds.
- Help the women figure out that the plain kinds are the best value, based on nutrition and price.

Baked goods:
- Look at the fat content of baked treats such as muffins, donuts and cookies.
- Point out that these often cost more than homemade baked goods, and are less nutritious.
- Remind the women that when they make homemade baked goods, they can also boost their nutrition by adding oats and fruit, and by cutting down on the amount of oil or margarine the recipe calls for.

Vegetables, Fruit & Berries

Fresh versus frozen:
- Tell the women that fresh, frozen and canned are all good choices.
- Ask them to find the prices of fresh and frozen carrots or other vegetables. They could also find the prices of fresh and canned tomatoes. They can compare the prices per 100 g. They will see that frozen and canned vegetables are often cheaper than fresh ones.

100% Juice:
- Ask the women to find some drinks that are unsweetened 100% fruit juice and some drinks that are called "fruit drinks" or "fruit punch."
- Compare the lists of ingredients. The group will see that the fruit drinks and punch are mostly sugar and water. Fruit juice is a much better choice.
- The frozen concentrated juice that you add water to is usually the best price, compared to fresh juice in jugs or cartons. Check the prices to see.

Fruit roll-ups:
- Ask the women to look at the ingredients of fruit roll-ups and other fruit snacks.
- Point out that the front of the food package may say "made with real fruit juice". That can mean there is just a little real juice in there, but these snacks are mainly sugar. They usually have less nutrition value than real fruit or real fruit juice. Reading the label is important!

See the back of this page for tips on the other two food groups.

ACTIVITY PAGE
GROCERY STORE TOUR

What to point out at the store

Milk & Other Calcium Foods

Check "best before" dates:
- Show women where to find the "best before" dates on fresh milk, cheese or yogurt. Remind them to buy the one with the latest date and to use it by that date.
- Tell them that once the package is open, milk and yogurt should be used within a few days.

Coffee whitener is NOT a milk product:
- Ask the women to look at the lists of ingredients for milk and for coffee whitener (such as Coffee-mate™).
- Point out that the coffee whitener is NOT a milk product. It does not have calcium or other important nutrients that milk products have.

Milk, cheese and yogurt:
- Ask the women to choose a few types of milk, cheese or yogurt.
- They can check the labels for the % M.F. (milk fat). Compare the amount of fat in various types of milk, cheese or yogurt.
- Look at the calcium content of similar products. Point out that the nutritional value is the same even if the product is lower in fat.

Processed products:
- Ask the women to find some basic products (blocks of cheese, large containers of plain yogurt) and some prepared products (grated cheese, cheese strings, flavoured individual-size yogurt, yogurt in tubes).
- The group will see that the basic products are a better buy. They have the same nutrition value at a lower cost per serving. Suggest that the women can grate their own cheese, or add their own fruit to yogurt at home.
- Mention that powdered milk and canned milk are often a good buy. They can be stored unopened in a cupboard for about a year.

Non-dairy sources of calcium:
- Ask the women to find the amount of calcium in fortified soymilk or fortified orange juice. Point out that they can get calcium from these non-dairy sources.
- You can also mention that canned sardines, dried beans and sunflower seeds are other sources of calcium.
- For women with trouble digesting milk, point out Lactaid™ milk. It has the same nutrition value as regular milk. If it is not available, suggest that the store owner or manager try to bring it in.

Meat & Alternatives

Meat prices:
- Ask the women to first compare the cost of four pork chops with the cost of a pound of ground meat.
- Then they should think about how many people will be able to eat the food: The pork chops will serve four people. A pound of ground meat in a spaghetti sauce can feed many more people.
- Have them decide which one is the better buy. Remind them to always compare meat prices based on the number of people who will be able to eat the food.

Processed meats:
- Read out the ingredients in baloney or hot dogs. (You will probably find that some are hard to say!)
- Compare the cost of 100 g of baloney with 100 g of ground beef.
- Point out that the processed meats (such as baloney or hot dogs) may be cheaper, but they contain a lot of extra salt and fat. They also contain other additives and preservatives that are not found in natural meat.

Dried beans, peas and lentils:
- Find the canned or dried beans in the store (kidney beans, baked beans, lentils). Compare the price of 100 g of these foods with 100 g of ground meat.
- Point out that these foods have the same nutrition value as meat, with less fat and more fibre. The ones in cans are higher in salt and should be rinsed well before using.
- The group will see that these foods are usually low in cost. The kinds that need to be cooked at home cost even less than the ones in cans.
- Mention that both kinds (dried or canned) can be stored in a cupboard for about a year.

Eggs:
- To point out that eggs are a low cost nutritious choice, ask the women how many people could be served with 12 eggs. Compare the price of 12 eggs with the price of the meat that would feed the same number of people.
- Show the women how to buy eggs. Make sure the shells are not cracked. Have them find the "best before" date. Point out that an egg eaten after this date will still have the same nutrition value but will not be as fresh. In that case, it should be cooked very well (used in cooked recipes, or served hard-cooked or scrambled).

MAKING BABY FOOD TOGETHER

Why would we make baby food together?

- CPNP is for infants up to 12 months of age. What babies eat during their first year is very important to their growth and development.
- You can show women that homemade baby food costs less and tastes better
  than baby food they can buy in a store.
- This is a fun activity that women enjoy. It also gives you time to talk to them about:

  the right time to start feeding a baby solid foods (by 6 months of age but not before 4 months)

  the importance of breast milk (or iron-fortified infant formula) during baby's first year of life

  the need for all babies to have an iron source by 6 months of age

  the importance of vitamin D supplements for babies who are breastfed

When? How often?

- You can do this any time. You do not need to wait until women have their babies. It's good for women to think about how they will feed their babies as soon as they are pregnant. Thinking about it early on gives women time to decide what they will do.
- If you plan this activity two or three times a year, every new mother will have a chance to be part of the group at a time that is good for her.
- If you have very few pregnancies in your community, you may do this one-on-one with a woman during a home visit. The best time might be when her baby is 2 or 3 months old. By then, she is starting to think about whether to give her baby solid foods.

How many people can be part of the group?

- You can go to a woman's home to teach only her. You can also teach this in groups.
- Men, grandparents, and friends of the women often like to be part of this activity, too. It is a good way for you to help them learn how they can support the new mother and baby.

ACTIVITY PAGE
MAKING BABY FOOD TOGETHER

What do I need?

- A place where you can cook, with plenty of working space (tables and counter tops), so everyone can get involved.
- A small selection of nutritious foods to make into baby food.
- One jar of baby food from the grocery store for each of the foods you will make (carrots and beef). This allows you to compare the "fresh" baby food with the baby food in a jar.
- A pot, stove, forks and knives (for mashing and cutting), and spoons (for tasting).
- A blender to purée food. (To purée means to grind up food so it is almost liquid.)
- Ice cube trays or cookie sheets.
- Plastic freezer bags.

Here's how to make baby food together:

- In this example, we will use carrots and beef. You can use vegetables, fruits, meats, or cooked dried peas, beans or lentils.
- Before you start, talk about safety tips for the kitchen. See Appendices H and I for tips on how to make sure the kitchen and the food you prepare are safe.

Carrots for baby

What you need

- fresh or frozen carrots
- water

What to do

1. Wash the equipment and your hands.
2. Wash, peel and slice the fresh carrots, or use frozen carrots.
3. **Stovetop:** Put the carrots into a steamer or drop them into a small amount of boiling water. Simmer just until tender.

OR

Microwave: Place carrots in a microwave-safe bowl with a small amount of tap water. Heat at a high setting until carrots are tender.

4. Remove from heat. Drain the carrots.
5. Purée carrots in the blender with a small amount of the cooking water.

Beef for baby

What you need

- 500 g (1 lb.) of boneless tender beef, cut into 2.5 cm (1 inch) cubes
- 500 mL (2 cups) water

What to do

1. Wash the equipment and your hands.
2. **Stovetop:** Put the meat and water into a saucepan and bring to a boil. Reduce heat and simmer for about 45 minutes or until meat is tender.

OR

Microwave: Place meat and water in a microwave-safe bowl and heat at a high setting until meat is tender.

3. Remove from heat and cool slightly.
4. Blend or purée the meat with some of the cooking water.

When the food is ready:

1. Do a taste test!

- Let the women taste the homemade baby food and the grocery store baby food. Chances are, they will like the homemade food better!
- Talk to the group about all the foods they can make at home to offer their babies. There is much more variety than they can buy in jars from the grocery store. They can also control the texture of the food they make at home.
- Compare the cost of making your own baby food to the cost of baby food in jars. For example: what does a 2-kilogram bag of carrots cost, as compared to a jar of carrot baby food?

2. Show the group (or the woman) how to store the baby food

- All food that is not served right away must be put in the fridge or the freezer
- Fresh (or freshly thawed) baby food will keep for 2 to 3 days in the fridge.
- If the baby food is kept frozen in a fridge freezer, use it within 2 months. If the food is kept in a deep freezer, use it within 6 months.

How to freeze baby food

- Put the puréed food into ice cube trays, or put small scoops on a cookie sheet.
- When the food is frozen, put the frozen chunks into plastic freezer bags. Write the date on each bag.
- These frozen chunks are ready-made portions for the baby!

3. Explain how to thaw frozen food and reheat

- Frozen baby food should be thawed in the fridge, in a saucepan of hot water or in a microwave oven. To avoid hot spots, stir the food well and test it before giving some to the baby.
- Do not leave frozen baby food on the counter to thaw.
- Throw out any food that is left over after baby is finished eating.

ACTIVITY PAGE
MAKING BABY FOOD TOGETHER

Key messages for the women

- Health Canada recommends that women feed their babies only breast milk for the first 6 months of life. Women are encouraged to continue breastfeeding for up to 2 years and beyond.
- Breastfed babies need a vitamin D supplement every day until they are getting enough of it from other foods. This is usually by the time they are one year old.
- Even if a woman breastfeeds her baby for only a few weeks or months, she will be helping to improve the baby's health.
- Health Canada recommends that babies not be given solid foods before 4 months of age.
- By 6 months of age, babies need to have foods rich in iron every day. This can come from iron-fortified infant cereal or from puréed meat.
- Between 6 and 12 months of age, babies need to try many kinds of nutritious foods. They need to get ready to eat table foods that are cut up for them by the time they are one year old.
- Do not give babies pop or any other foods that are not from the four food groups. Babies should only have foods that help them grow and be healthy. This is a very important time of life!

This is just the start!

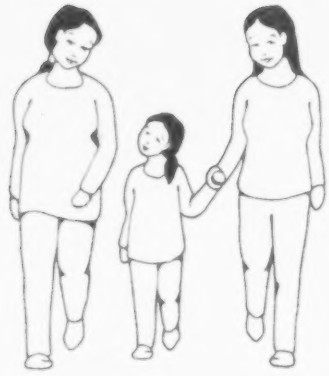
There are many good ideas that can help you add to this activity in Section 8 – Handy Resources.

PROMOTING PHYSICAL ACTIVITY

Why should I promote physical activity?

Being active is good for a pregnant woman and can help her to have a healthy baby. Physical activity has many benefits for the mother:

- helps her feel healthy and comfortable
- gives her more energy and less stress
- can prevent her from gaining too much weight
- helps prevent and control gestational diabetes
- helps make labour and delivery more comfortable



Traditional wisdom tells us that it is normal and healthy for women to be active during pregnancy.

When? How often?

You can encourage pregnant women to exercise any time during the pregnancy.

- If a woman wants to do more activity or do harder activity than she is used to, the best time to make changes is during the second trimester (months 4 to 6).
- It is good if a doctor or nurse can assess what type of activities are safe for each woman.

How many people can be part of this?

You can talk about physical activity (and get women moving!) as part of a group session or one-on-one session. Other family members and elders could join in, too.

A few cautions

For most women, exercise is an important part of being healthy during pregnancy. But there are some cautions.

Know the signs that tell you when to STOP exercising and contact a doctor or nurse:

- A woman should STOP if she starts to bleed, has cramps, feels faint or dizzy, has chest pain or feels extreme pain in her joints.

Some women should NOT exercise:

- This might be true for women who are pregnant with twins, who have uncontrolled diabetes or high blood pressure because of the pregnancy, or whose baby is not growing well.
- The doctor or nurse can decide whether it is safe for these women to exercise.

ACTIVITY PAGE
PROMOTING PHYSICAL ACTIVITY

Here's how to promote physical activity:

- When you talk about healthy eating during pregnancy, mention the need to be active.
- Talk about common myths and fears. Myths are things that people believe without having the facts. For example, some women believe that exercise may harm the baby, make them feel too tired, or make the baby come too early. The truth is that it will give them more energy and it is good for the baby.
- Encourage women to keep active during pregnancy. Help them to think of physical activities they can fit into their daily lives.

Add some physical activity to your sessions!

- Take a break during your CPNP sessions to go for a 10-minute walk as a group. Do some simple stretches when you return from the walk.
- Help the woman get involved in activities in your community, such as a walking club or prenatal exercise class. If these programs do not exist, try to set them up!

Key messages for the women

- Physical activity is healthy during pregnancy. Traditionally, women stayed active when they were pregnant.
- If you were not active before you were pregnant, check with your doctor or nurse before you start. Start slowly.
- Exercise does not have to be hard or take a lot of time to be of benefit. A daily walk, swim or snowshoe will help!
- Listen to your body. Use the "talk test"— you should be able to talk while exercising. Use common sense. Take a short rest when you need to.
- Do not start vigorous activity during pregnancy.
- Know the signs that tell you to STOP exercising and get medical help.
- Avoid jumping, bouncing or stretching too far. Avoid activities that involve physical contact or the danger of falling.

This is just the start!

There are many good ideas that can help you add to this activity in Section 8 – Handy Resources.

More ideas for activities

We have described only four key activities on the previous pages. Many other activities to support nutrition screening, education and counselling could be part of your work plan.

Here are a few ideas:

- set up a drop-in clinic or support group
- make home visits
- involve a registered dietitian or registered nutritionist in your program
- do school presentations to help young women learn about pregnancy (The focus could be on healthy eating, folic acid supplements, physical activity, and preventing Fetal Alcohol Spectrum Disorder)
- set up a display at well baby clinics or prenatal clinics
- organize a mothers' support group
- provide nutrition education for breastfeeding mothers
- buy resources (reference books, handouts, videos) on infant nutrition and how to make baby food
- buy a guide to doing a grocery store tour

You can find information about projects like these in Section 8 – Handy Resources.

You can also look for tips for more activities in the resource *Recipes for Success*.

Resources to help you learn and do more

Here is a list of some resources that can help you plan your activities for nutrition screening, education and counselling. See Section 8 for details about how to order them.

Two key resources

- Building Healthy Babies (First Nations or Inuit version); Sections 1, 2, 3, 4, 5, 8, 11
- Recipes for Success

Reference materials

- The ABC's of Baby Food: Making Baby Food from Scratch
- Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby
- Nutrition Education and Counselling Resource Manual
- Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years
- What to Expect When You're Expecting

Tools for CPNP workers

- Food Group Tear-off Sheets
- How Well Did You Eat Yesterday for You and Your Baby?
- Nutrient Bar Graphs: An Illustrated Guide to the Nutrient Value of Some Foods Used by Aboriginal People in Canada
- Nutrition BINGO with Traditional Foods
- Nutrition Labelling Toolkit for Educators — First Nations and Inuit Focus
- Portion Size Guide

Videos

- Feeding the Spirit
- It's Up to You Mom
- So You Want to Have a Healthy Baby

Stuff for moms

- Building a Healthy Baby (food guide)
- Canada's Food Guide to Healthy Eating (or local food guides)
- Canada's Physical Activity Guide to Healthy Active Living
- Celebrating Pregnancy! and Celebrating New Life!
- Healthy Beginnings: Your Handbook for Pregnancy and Birth

Maternal Nourishment

Maternal Nourishment

Here's what you will find in this section:

- What is "maternal nourishment"?
- Why is this a core program element?
- Key activities you could do
  - Cooking groups
  - Food hampers or food vouchers
  - Community food access projects
- More ideas for activities
- Resources to help you learn and do more

What is "maternal nourishment"?

In CPNP, "maternal nourishment" means providing healthy foods to pregnant and breastfeeding women.

- "Maternal" means mothers
- "Nourishment" means eating healthy food

This can be done in many ways:

- You can give women healthy food directly. You may give them **healthy snacks** when the group meets or give them a **food hamper**.
- You can give women healthy food indirectly. One way to do this is by giving them **food vouchers** they can use to buy healthy foods.
- Many CPNP projects do food-based activities. You can set up a cooking group where women cook together, and then take the foods home.

Activities to support maternal nourishment should focus on healthy foods from the four food groups.

Why is this a core program element?

Maternal nourishment is a very direct way to improve the health of mothers and infants — the goal of CPNP!

Here is how:
When a mother eats healthy foods during pregnancy, this will help her baby grow healthy and strong.

- Many women do not have a lot of money, or they have many people to feed.
- When they are pregnant or breastfeeding, it is very important for them to eat well.
- When your program provides food to women and helps them learn to cook and to buy low-cost food, they will be able to eat well.

Evaluation of CPNP tells us...
The nutritional health of First Nations and Inuit women has improved because of access to food and food vouchers through CPNP projects. Pregnant women who receive food vouchers are more likely to make changes in the food they eat.

Key activities you could do

When planning your program, you need to plan activities from the three core elements of CPNP (see page 1–12). You can decide what activities to do based on your budget, the needs of your community, and what works in your community.

Three activities are described on the next few pages. They are good examples of things you could do in your program for the core element, "Maternal nourishment":

- Cooking groups
- Food hampers or food vouchers
- Community food access projects

A list of more ideas for activities is on page 3–15.

ACTIVITY PAGE
COOKING GROUPS

Why would I plan a cooking group?

Many CPNP programs include this as one of their main activities. It is a good way to provide nutritious food to women and it is also fun! People will have a chance to learn new skills and try new foods together, in a way that is relaxed and fun.

A cooking group is also a good time to share other information, such as:

- nutrition information
- breastfeeding promotion
- traditional teachings about pregnancy, breastfeeding, parenting and food
- new recipes
- food safety and storage

This is also a good activity for reaching out to younger women of childbearing age. Teen cooking circles are popular in some communities.

When? How often?

This will depend on the size of your program and your budget. Many CPNP programs have cooking activities once a month. You may plan to do this activity four or five times each year. Then every woman in your program will have a chance to attend two or three cooking groups, and to use her new cooking skills and recipes while she is pregnant.

How many people can be part of the group?

You may want to start small, with just six or seven people. This is a good number for working together.

On the other hand, some CPNP projects invite all the women in their program to attend, and even to bring their families. Think about inviting an elder to your cooking groups.

ACTIVITY PAGE
COOKING GROUPS

What do I need?

- **A location** — with enough tables or counter space for everyone. It should have the equipment you need for your recipes (such as a stove and oven). You might want to use a community centre, church, school or someone's home.
- **Kitchen tools** — such as bowls, pots, pans, spoons, knives, forks, and vegetable peelers. The equipment you need depends on your recipe. If the kitchen you will be using does not have the tools you need, you may be able to buy them over time with your CPNP funds.
- **A recipe** — You may choose the recipes yourself, or ask women in the community to help you choose. The recipe should:

  be simple to prepare (and nutritious of course!)

  contain ingredients that are easy to get and low cost

  not take more than 2 or 3 hours to prepare

- **The ingredients** — You will need to figure out how many people the recipe should feed. Are you planning to have the group eat the food during your session, and then take some home? You might need to double or triple the recipe. Be sure to buy enough ingredients to do this.

Don't forget...

Make a shopping list so you will have all the ingredients you need.

Here's how to plan the cooking group:

1. **Set up the group**
   - Make sure the women in your program know where and when the cooking group will be meeting. Ask them to bring clean containers for taking food home.
2. **An hour before everyone arrives**
   - Go to the place where the group will meet to make sure that it is clean. Take out the ingredients and the equipment that you will need.
   - Read the recipe, and decide how many small groups you need. For example, you may need one or two people to cut onions, one or two to peel potatoes, and another to cook the meat.
3. **When everyone arrives**

   Education
   - You may talk to the group about nutrition and tell them why the recipe you will be making is good for a healthy pregnancy.
   - Some women may not know how to cook or how to clean up after cooking. Help them feel comfortable by talking about this information to the group.

- Remember to talk about kitchen safety, how to handle food safely, and how to store the food you will be making. (See Appendices H and I at the end of this book for details.)
- While the women are cooking or cleaning up, you can start a discussion about pregnancy or breastfeeding. Women can talk, share what they know and ask questions.

Basic rules

- It is good to make it clear at the beginning that everyone is expected to help prepare the food and clean up afterwards. After the room is clean, each person in the group will be given some food to take home. Each woman will get one portion for each person in her household.
- It is also important that women feel comfortable and welcome. The women should feel free to ask questions and to learn from each other. All questions are good questions!

Cooking together

- Describe the recipe and all of the steps. Let people decide what they want to do. Then let them begin! Remember that you are the host of the session, and not the main cook.
- The people in the group should cook together, and try new things. If someone is not sure how to do something, let her work with someone who has done it before.

Clean-up

- While the food is cooking in the oven or on the stove, everyone can start to clean up.

Eating

- When the food is ready, sit down together for a meal. The women can take the leftover food home for their families.

ACTIVITY PAGE
COOKING GROUPS

Key messages for the women

- Remind the women that this is **their** group. They are the ones who can choose what to do.
- Talk about the basic rules — everyone cooks together and everyone helps to clean up.
- There are no "stupid" questions. Everyone can learn from each other and have fun.
- Safety comes first — talk about food safety and kitchen safety.
- Take the time to choose recipes that are simple, nutritious and that most people will enjoy.
- Cooking groups allow women to share other information about nutrition and traditional teachings.

This is just the start!

There are many good ideas that can help you add to this activity in Section 8 – Handy Resources:

- guides for cooking groups (pages 8–17 to 8–19)
- cookbooks (pages 8–35 and 8–36)

You can also look at Appendices H and I for information on kitchen safety and food safety.

FOOD HAMPERS OR FOOD VOUCHERS

What are food hampers and food vouchers?

- A food hamper is a basket of healthy food.
- A food voucher is a coupon (or voucher) that a person can use at the store to buy healthy foods.

Why would I provide food hampers or food vouchers?

- Providing food hampers or vouchers is one way to help mothers have nutritious foods in the house.
- Food hampers or vouchers can attract women to your program, where they will learn about having a healthy pregnancy.

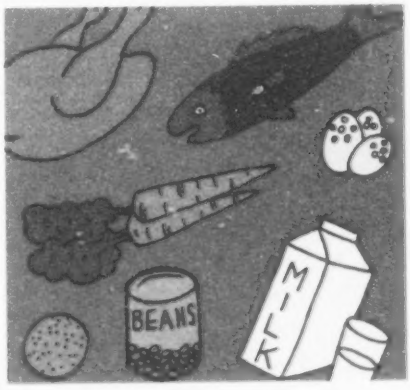
Food hampers or vouchers are ways of giving healthy food to women who are pregnant or breastfeeding.

When? How often? How many people can be part of this activity?

- Some programs offer food hampers or vouchers once a month to every woman who comes to a group or one-on-one session.
- Other programs offer food hampers or vouchers only when they have group sessions.
- What you decide to do will be based on the number of pregnant women in your community, and the amount of money in your budget.

Evaluation of CPNP tells us...
Food vouchers often attract women to the program earlier in their pregnancy.

(Providing service to women earlier in their pregnancy is part of the goal of CPNP — it gives CPNP projects a better chance at helping to improve the health of the mother and infant.)



ACTIVITY PAGE
FOOD HAMPERS OR FOOD VOUCHERS

What do I need?

First, you need to decide whether to offer food hampers or food vouchers.

	Food Hamper	Food Voucher
What is it?	It is a basket of healthy food that you give to a woman.	It is a coupon (or voucher) that you give to a woman. She can take it to the store to buy healthy foods.
Pros	• You can be sure what the women are getting. You can provide recipes with the food. • It can be nice to bring real food to a home visit or to have women take home a basket of food after they attend a group session. • Food hampers are better for women who live far from the store or do not have access to a vehicle. • You may be able to buy food for the hampers at lower prices (get a discount) if you form a partnership with the store owner or manager, or with co-op board members.	• The system is simple and does not need you to do any more work after it is set up and working well. • Food vouchers give women more choice about the foods they receive. • Because it is simple, it can be a better choice if there are a lot of pregnant women in your program.
Cons	• It can be a lot of work. You have to take time to buy the food and you may also have to deliver it. • The amount of work will be greater if there are many women in your program.	• The people who work at the grocery store have to know what foods can and cannot be bought with the vouchers. • Some women may feel ashamed to use a voucher. • It may take a few months to get the system working well. You may need to meet at least once a week with the store owner or manager to talk about any problems.

Did you know...

You can also use CPNP funds to provide **healthy snacks** at your sessions. See page 3–12 to help you decide what healthy snacks to buy.

ACTIVITY PAGE
FOOD HAMPERS OR FOOD VOUCHERS

Here's how to provide food hampers or vouchers:

1. **Decide on the foods you will include**

   All the foods should be healthy foods. That means they must provide some of the key nutrients for a healthy mother and baby:

folate (folic acid)	vitamin D
iron	vitamin A
calcium	essential fats

   The book Building Healthy Babies has a lot of information about these key nutrients.

   Programs often include milk (powder, canned or fresh), orange juice, eggs and meat or fish. These foods provide many of key nutrients and do not cost too much.

   See the other side of this page for the foods to include, and a list of foods and other items not to include.

2. **Make sure other people know the foods that can be included**

   Vouchers — You can print on the vouchers which foods the mothers can buy with the voucher. You will need to ask the store owner or manager to make sure that cashiers are aware of this.

   Hampers — Make a list of foods that can go into the hampers. Then no matter who is buying the food, the hampers will always contain healthy food.

3. **Give out the hampers or vouchers**

   It is best to combine this with other activities. Many CPNP workers find that food hampers or vouchers attract women to their program. Giving the food hampers or vouchers to women during a group or one-on-one session allows them to learn about healthy pregnancy at the same time as they receive nutritious food.

   Some CPNP workers find that a good time to give out food hampers or vouchers is the third week of the month when families may have less money for food.

Key messages

- Make sure that the women and the store owner or manager (and cashiers) know which foods can be bought using the voucher system. Provide a list of the foods to everyone. This will avoid confusion.
- Include a variety of healthy foods in food hampers. Make sure each hamper has foods from the four food groups.
- You may want to put one or two simple, healthy recipes in a hamper. All of the ingredients for that recipe should be in the hamper.

ACTIVITY PAGE
FOOD HAMPERS OR FOOD VOUCHERS

What to include? What not to include?

- Use *Canada's Food Guide to Healthy Eating* or a local food guide. Healthy choices come from the four food groups. Include foods that provide key nutrients and do not cost too much.
- Many CPNP programs include milk (powder, canned or fresh), orange juice, eggs and meat or fish.
- Foods that come from your local region are also good to include.
- Think about food safety if you include perishable foods in a hamper. These are foods that can spoil easily, such as fresh milk, eggs and fresh meat. See Appendix I for details.

Bannock, Breads & Cereals

YES
- ✔ whole grains, such as whole wheat bread, whole wheat pasta, brown rice, barley, oatmeal, bran cereal

NO
- ✘ baked goods (such as donuts, prepared muffins)
- ✘ cereals high in sugar and/or low in fibre (such as Froot Loops™)

Vegetables, Fruit & Berries

YES
- ✔ dark green or orange ones
- ✔ fresh, frozen or canned vegetables and fruit

NO
- ✘ French fries, home fries
- ✘ fruit drinks (such as Tang™, Kool-Aid™, fruit punch)

Milk & Other Calcium Foods

YES
- ✔ choices that are lower in fat
- ✔ powder, canned or fresh milk
- ✔ Lactaid™ milk for women who have trouble digesting milk

NO
- ✘ cream

Meat & Alternatives

YES
- ✔ choices that are lower in fat and less processed (such as eggs, canned fish, baked beans)

NO
- ✘ hot dogs
- ✘ baloney or other processed meats (such as salami, pepperoni, Klik™)
- ✘ sausages or bacon

Other items that CANNOT be included

- ✘ any foods that do not fit into the four food groups (coffee whitener, pop, lard, butter or margarine, chips, candy, coffee or tea)
- ✘ infant formula (CPNP funds should not be used to buy infant formula. CPNP promotes breastfeeding.)
- ✘ non-food items (diapers, baby powder or creams, shampoo)

This is just the start!

There are many good ideas that can help you add to this activity in Section 8 – Handy Resources.

COMMUNITY FOOD ACCESS PROJECTS

What are community food access projects?

- Sometimes, pregnant women do not eat healthy food because it costs too much or it is not available in the community.
- You can use CPNP funds to bring healthy food into the community at prices women can afford to pay. Some examples are community gardens or greenhouses, buying food in bulk and setting up partnerships with hunters and trappers in your community.

Why would I plan community food access projects?

- These kinds of projects can have a lasting effect on the whole community. Everyone needs access to nutritious food.
- This is a clear step toward the CPNP goal of improving the health of mothers and infants. People who have access to low cost nutritious foods are more likely to eat well.

When? How often? How many people can be part of these projects?

- This will depend on the needs of your community, the size of your budget, the interest of women in your program, and the interest of other program partners.

What do I need?

- Depending on the project you choose, you may be able to involve many community partners, including leaders in the community. There may be other funds in the community that could help you develop a larger community food access program.

Here's how to plan community food access projects:

- This Activity Page gives you some ideas to think about. You may also have ideas of your own about how to get some of these projects started.
- Talk to the women in your program about whether they want to be involved.
- If you have a community advisory group, let them know that you are thinking of starting one of these projects. They may be able to help you make partnerships with others in the community. (See page 1–11 and Appendix F.)
- It is good to ask your community health director and other community leaders for their support. They may have ideas for partners that can be involved.
- The CPNP contact in your region may also be able to support you while you get started (see Section 7 for a list of contacts).

This is just the start!

If you are ready to set up a community food access project, see Section 8 – Handy Resources for resources you may wish to buy.

You might want to have a manual that tells how to start these kinds of projects.

ACTIVITY PAGE
COMMUNITY FOOD ACCESS PROJECTS

Community Garden or Greenhouse

- In parts of Canada where the climate allows, this project involves growing foods for your CPNP program.
- The women in the program can help take care of the garden, and can enjoy the harvest as well.
- Buying seeds and soil costs much less than buying all of the vegetables and fruits that you can grow!
- You may want to ask elders to teach the women to garden. You can use CPNP funds for a small gift or payment (honorarium) for the elder.

Buying food in bulk

- "Buying in bulk" means buying large amounts of food at low cost. Women in the CPNP program can then buy this food from you at the prices you paid. These will often be lower prices than in the stores. You can also use this food in your cooking groups and food hampers.
- Your community store owner or manager could be a good partner for this project. You may be able to get lower prices if you buy food in bulk from the store.
- In Northern communities, you can become a **Food Mail** client. You can order healthy food and pick it up at the airport for the women in your program. They can buy the food from you at the same price you paid for it. For more information, visit this Web site (www.ainc-inac.gc.ca), or talk to the CPNP contact in your region (see Section 7 for a list).

Partnerships with hunters and trappers

- Your community may have an Association of Hunters and Trappers that you can form a partnership with. If not, you may be able to make other kinds of links with hunters and trappers in your community.
- Different communities and regions have their own policies and guidelines about handling and giving out wild meat. Contact your local Environmental Health Officer or Regional Environmental Health Manager to find out what you can do in your area.
- Remember to think about the safety of the food. See Appendix I for some tips on handling food safely.

More ideas for activities

We have described only three key activities on the previous pages. Many other activities to support maternal nourishment could be part of your work plan.

Here are a few ideas:

- buy a guide that tells you how to set up a cooking group or community garden (see pages 8–17 to 8–19)
- buy cookbooks for your cooking groups (see pages 8–35 and 8–36)
- plan a special meal for the mothers
- provide healthy snacks at prenatal sessions
- use CPNP funds to buy foods for women during a grocery store tour (see page 2–9)

You can find details about projects like these in Section 8 – Handy Resources.

You can also look for tips for more activities in the resource *Recipes for Success*.

Resources to help you learn and do more

Here is a list of resources that can help you plan your activities to support maternal nourishment. See Section 8 for details about how to order them.

Two key resources

- Building Healthy Babies (First Nations or Inuit version): Sections 3, 5
- Recipes for Success

Tools for CPNP workers

- Collective Kitchens Handbook
- Community Kitchens Leader's Guide
- The Food Experience: A Facilitator's Manual
- The Good Food Box Guide: How to Start a Program in Your Community
- How Does Our Garden Grow? A Guide to Community Garden Success

Cookbooks

- 100 Meals for Under a Loonie per Serving
- The Basic Shelf Cookbook
- Community Kitchens Cookbook and Shopping Guide
- Instant Chef
- Meals for Good Health

Breastfeeding Promotion, Education and Support

Breastfeeding Promotion, Education and Support

Here's what you will find in this section:

- What is "breastfeeding promotion, education and support"?
- Why is this a core program element?
- Key activities you could do
  - ***Breastfeeding Promotion*** — Let the whole community know!
  - ***Breastfeeding Education*** — Breastfeeding dollars
  - ***Breastfeeding Support*** — Breastfeeding circle
- More ideas for activities
- Resources to help you learn and do more

What is "breastfeeding promotion, education and support"?

Breastfeeding promotion, education and support activities give women, their families and their communities the truth about breastfeeding. The truth is that breast milk is the best food a woman can give her baby.

These activities also support women so they can learn:

- how to breastfeed
- where to get help if they are having problems.

Breastfeeding Promotion

- Encourages women to breastfeed
- Tells the whole community about the benefits of breastfeeding
- Encourages communities and families to support women who breastfeed

Breastfeeding Education

Teaches women and their families about…

- the benefits of breastfeeding
- how to breastfeed
- how to go back to school or work while breastfeeding

Breastfeeding Support

Supports women who have chosen to breastfeed so that they can…

- get a good start
- deal with any problems they have
- continue for as long as possible

Why is this a core program element?

Breastfeeding promotion, education and support will improve the health of mothers and infants — the goal of CPNP!

Here is how:
Breastfeeding is the best way to feed a baby.
It is best for mothers and babies for many reasons.

Breast milk:

- protects babies from getting sick (fewer colds and ear infections, less diarrhea, fewer trips to the hospital)
- may prevent allergies in the baby (such as asthma and eczema)
- may help prevent the baby from being overweight later in life
- may protect the mother from breast cancer, ovarian cancer, and osteoporosis
- costs much less than infant formula
- changes to meet the baby's needs

Breastfeeding is the natural, traditional way to feed a baby. It strengthens the tradition of nurturing and nourishing children.

More women will choose to breastfeed if they have the support of their partners, families and communities. With this kind of support, they will also be more likely to continue breastfeeding for a longer time.

When a woman decides not to breastfeed...

- We know that breastfeeding is best for baby. It is your job as a CPNP worker to promote breastfeeding.
- There can be many reasons why a woman decides not to breastfeed. Respect her choice. Be careful not to make her feel guilty.
- If babies are **not** breastfed, they should drink iron-fortified infant formula instead. It is the only acceptable alternative to breast milk.
- Remember, you **cannot** use CPNP funds to buy infant formula.

Evaluation of CPNP tells us...
Through CPNP projects, it appears that more women are choosing to breastfeed and are breastfeeding longer.

Key activities you could do

When planning your program, you need to plan activities from the three core elements of CPNP (see page 1–12). You can decide what activities to do based on your budget, the needs of your community, and what works in your community.

Three activities are described on the next few pages. They are good examples of things you could do in your program for the core element, "Breastfeeding promotion, education and support":

- ***Breastfeeding Promotion***
  Let the whole community know!
- ***Breastfeeding Education***
  Help women understand why breastfeeding is best
  (Example — Breastfeeding Dollars)
- ***Breastfeeding Support***
  Help women find support
  (Example — Breastfeeding Circle)

A list of more ideas for activities is on page 4–13.

LET THE WHOLE COMMUNITY KNOW!

Why would I "let the whole community know" about breastfeeding?

More women will start to breastfeed, and continue doing it, if they have the support of their community. Women's partners, families, restaurant owners, and all community members need to know:

- that the women in the community need their support to breastfeed
- that breastfeeding has many benefits, for both mothers and babies
- that women who breastfeed are doing something good for their babies and for the whole community

When? How often? How many people can be part of this activity?

This should be an activity that happens all the time. Think about people and places you know. Reach out to the whole community in as many ways as you can think of. Use every chance to promote breastfeeding.

What do I need?

The main thing you need is a good imagination, so you can develop ideas! You may also need some markers and big sheets of paper to make posters.

Here's how to let the whole community know:

1. Think of some slogans that will stay in people's minds. You can make up your own, or start a contest in the community. Give a prize to the people who give you the best slogans.

   Here are a few ideas:

   - Breastfeeding is best for babies and moms
   - It takes a community… Support breastfeeding
   - Breastfeeding women need our support
   - Breastmilk: the best food for babies
   - [*Name of your community*] supports breastfeeding!

   Turn the slogans into posters and newspaper ads. You could ask a local artist to draw some pictures to go on the posters.

2. Reach out to the community through your local newspaper, newsletter, radio or TV station. Ask them to support you by using your ads.

3. Hang posters in the local store, restaurant, arena, community centre and other places where a lot of people will see them.

4. Look at the resource list in Section 8 to find out where you can buy items such as posters, buttons and T-shirts.

There are many other good activities to promote breastfeeding. See Section 8 – Handy Resources.

Be creative!

Maybe you could write a short radio play about:

- the hopes and fears of mothers who are breastfeeding, or
- a woman who continues to breastfeed after going back to school or work.

Include the thoughts of elders.

ACTIVITY PAGE
LET THE WHOLE COMMUNITY KNOW!

Key messages for the community

- Breastfeeding is best for babies, mothers and the whole community.
- Breastfeeding gives babies the best start in life. It gives them the best nutrition. It helps protect them from some illnesses.
- To breastfeed, women need the support of the whole community. We need to make women feel proud they are breastfeeding.
- Even if a woman breastfeeds her baby for only a few weeks or months, she will be helping to improve the baby's health.
- Health Canada recommends that women feed their babies only breast milk for the first 6 months of life. Women are encouraged to continue breastfeeding for up to 2 years and beyond.
- Breastfed babies need a vitamin D supplement every day until they are getting enough of it from other foods. This is usually by the time they are one year old.
- Breastfeeding is the natural, traditional way to feed a baby.
- If a woman decides not to breastfeed:
  - Respect her choice. Be careful not to make her feel guilty.
  - If babies are not breastfed, they should drink iron-fortified infant formula instead. It is the only acceptable alternative to breast milk.

BREASTFEEDING DOLLARS

Why would I plan "Breastfeeding Dollars"?

- Most women will decide whether to breastfeed long before their baby is born. You can help to influence how they feel about breastfeeding.
- Women will be most likely to choose breastfeeding if you talk about the benefits of breastfeeding early in their pregnancy and often.
- "Breastfeeding Dollars" is a popular activity to promote breastfeeding. It shows that breastfeeding costs much less than infant formula does. It is a good way to start a session about the many benefits of breastfeeding.

When? How often?

Talk about breastfeeding to women early and often in their pregnancy. This gives them time to think about it and decide.

How many people can be part of this activity?

You can do this in a group or one-on-one. Try to include the women's friends and family members.

This is just the start!

There are many other good activities to promote breastfeeding. See Section 8 – Handy Resources.

What do I need?

- sheet of breastfeeding dollars (provided on page 4–9)
- a photocopier
- a calculator (to help you do the math).

Here's how to do this activity:

Getting ready:

1. Find the price of iron-fortified infant formula at a local store. Look at the box on this page (to the right) to help you figure out what it costs to feed a baby with formula for a year. Use the calculator to do the math.
2. Figure out how many $20 bills you need to reach that amount. For example, if the cost is $1,340.99 each year, you would need 67 of the $20 bills. (Use the calculator to do the math. Take the total cost of the infant formula for one year and divide it by 20 to find out how many $20 bills you need).
3. Now that you know how many breastfeeding dollars you need, photocopy the sheet provided on page 4–9. Cut the dollars apart and make a stack.

How to figure out the cost of infant formula for one year

Ready-to-feed formula:
Multiply the cost of a 235-mL can by 1095

Concentrated formula:
Multiply the cost of a 385-mL can by 365

Powdered formula:
Multiply the cost of a 400 gram can by 94

ACTIVITY PAGE
BREASTFEEDING DOLLARS

When the group is together:

- Pass around the stack of photocopied $20 bills. Tell the women how much money it stands for. Ask them how much food they could buy with this amount of money. Or ask them what they would buy for their baby.
- Surprise! Tell them that this is how much it costs to feed a baby for one year using infant formula. This is also how much money they will save if they choose to breastfeed!
- Remind them that a breastfeeding mother only needs a little extra food to stay healthy while breastfeeding. She only needs to add two slices of bread, one cup of orange juice or one cup of milk or yogurt to her daily food. This costs much less than buying infant formula.
- Talk to the women about the other benefits of breastfeeding, for baby and mother. Encourage women to talk about it with their family and friends.
- Some women may have fears about breastfeeding that they do not want to talk about in a group. Find a way to talk to them in private.

Key messages for women

- Breastfeeding is the best way to feed babies. It is best for mothers and for babies.
- Breast milk has many benefits:
  - It provides the best nutrition for babies.
  - It protects them from some illnesses when they are young.
  - It protects them from some diseases later in life.
  - It also protects mothers from some diseases.
- Breastfeeding is much cheaper than using infant formula.
- Even breastfeeding for a few weeks or months makes a big difference to a baby's health.
- Health Canada recommends that women feed their babies only breast milk for the first 6 months of life. Women are encouraged to continue breastfeeding for up to 2 years and beyond.
- Breastfed babies need a vitamin D supplement every day until they are getting enough of it from other foods. This is usually by the time they are one year old.
- Breastfeeding is the natural, traditional way to feed a baby.
- If a woman decides not to breastfeed:
  - Respect her choice. Be careful not to make her feel guilty.
  - If babies are not breastfed, they should drink iron-fortified infant formula instead. It is the only acceptable alternative to breast milk.

$20 THE CANADA PRENATAL NUTRITION PROGRAM · IMPROVED HEALTH OF MOTHERS AND INFANTS · $20

$20 THE CANADA PRENATAL NUTRITION PROGRAM · IMPROVED HEALTH OF MOTHERS AND INFANTS · $20

$20 THE CANADA PRENATAL NUTRITION PROGRAM · IMPROVED HEALTH OF MOTHERS AND INFANTS · $20

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$20 THE CANADA PRENATAL NUTRITION PROGRAM · IMPROVED HEALTH OF MOTHERS AND INFANTS · $20

BREASTFEEDING CIRCLE

What is a breastfeeding circle?

A breastfeeding circle brings together two or more people to ask questions and share information about breastfeeding. It can be a drop-in that is held regularly or a group session. It can include pregnant women, breastfeeding women, women who have older children who were breastfed, teens and elders.

Why would I plan a breastfeeding circle?

Congratulations! A woman in your program has made the best choice — to breastfeed her baby. She deserves special attention and support.

Breastfeeding women need to have someone to talk to when they have problems or questions. A breastfeeding circle or a breastfeeding "buddy" can help women keep breastfeeding.

Women who are thinking about breastfeeding can also learn information that can help them make their choice.

Most women who stop breastfeeding quit in the first few weeks. This is when they are most likely to have problems.

If a woman chooses not to breastfeed...

Respect her choice. Be careful not to make her feel guilty.

When? How often?

This can be an activity that happens regularly (maybe once every month or every week). It can begin when a woman is pregnant and continue for as long as she is breastfeeding.

How many people can be part of this activity?

A breastfeeding circle can be big or small. All you need is at least two people!

What do I need?

For a group meeting, find a comfortable setting, such as someone's home or the community centre. Make sure there are cushions and chairs or a couch so women can breastfeed their babies.

Did you know...

- A lactation consultant is someone who has special training to help breastfeeding mothers.
- You can use CPNP funds to help pay for a community nurse or dietitian to get training to become a lactation consultant.

This is just the start!

There are many other good activities to support breastfeeding. See Section 8 – Handy Resources.

ACTIVITY PAGE
BREASTFEEDING CIRCLE

Here's how to host a breastfeeding circle:

- Tell the women they are welcome to breastfeed their babies at the session. Provide comfortable chairs and cushions.
- The group can learn together by watching videos or looking at pamphlets and posters.
- Some women may be shy about breastfeeding in public. Other women in the circle who have breastfed can share their ideas on how to be private.
- Talk about how women can plan to breastfeed when they are going back to work or school.
- Talk about the right time to begin solid foods for the baby.
- Serve healthy snacks, including traditional foods.

Key messages for women

- Breastfeeding is the natural, traditional way to feed a baby.
- Know where to go for help — you are not alone! Breastfeeding may be "natural" but the mother and baby still need to learn how!
- The keys to success are to start early, feed often and make sure the baby is in the proper position at the breast.
- Health Canada recommends that women feed their babies only breast milk for the first 6 months of life. Women are encouraged to continue breastfeeding for up to 2 years and beyond.
- Breastfed babies need a vitamin D supplement every day until they are getting enough of it from other foods. This is usually by the time they are one year old.
- Breastfeeding for even a few weeks or months helps to improve a baby's health.
- Health Canada recommends that babies not be given solid foods before 4 months of age.
- By 6 months of age, babies need to have foods rich in iron every day. This can come from iron-fortified infant cereal or from puréed meat.
- If a woman decides not to breastfeed:
  - Respect her choice. Be careful not to make her feel guilty.
  - If babies are not breastfed, they should drink iron-fortified infant formula instead. It is the only acceptable alternative to breast milk.

More ideas for activities

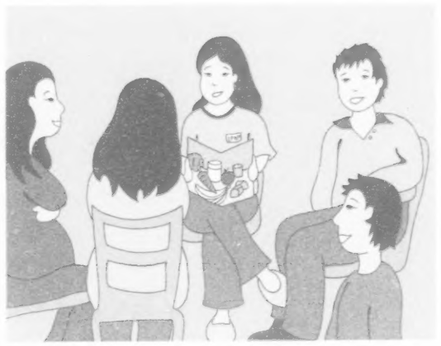
We have described only three key activities on the previous pages. Many other activities for breastfeeding promotion, education and support could be part of your work plan.

Here are a few ideas:

- set up a drop-in clinic or support group
- make home visits
- invite a lactation consultant as a guest speaker
- help pay for a community nurse or dietitian to get training to become a lactation consultant
- set up a display at well baby clinics, prenatal clinics and health fairs
- encourage the leaders in your community to declare the community as "breastfeeding friendly"
- buy reference books, handouts and videos that promote breastfeeding

You can find information about projects like these in Section 8 – Handy Resources.

You can also look for tips for more activities in the resource *Recipes for Success*.



Resources to help you learn and do more

Here is a list of resources that can help you plan your activities for breastfeeding promotion, education and support. See Section 8 for details about how to order them.

Two key resources

- Building Healthy Babies (First Nations or Inuit version): Section 10
- Recipes for Success

Reference materials

- Bestfeeding: Getting Breastfeeding Right for You
- The Breastfeeding Answer Book
- The Nursing Mother's Companion
- A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects
- The Womanly Art of Breastfeeding

Tools for CPNP workers

- Breastfeeding Your Baby: The Gift that Lasts a Lifetime
- A Mother's Gift (poster)

Videos

- The Art of Breastfeeding
- The Art of Successful Breastfeeding: A Mother's Guide
- Breast is Best
- Breastfeeding Your Baby: The Gift that Lasts a Lifetime
- The Bonding Circle of Breast Feeding
- So You Want to Have a Healthy Baby: Breastfeeding Teachings

Stuff for moms

- 10 Great Reasons to Breastfeed
- 10 Valuable Tips for Successful Breastfeeding

Supportive Activities

Supportive Activities

Here's what you will find in this section:

- What are "supportive activities"?
- Why are they important for your program?
- Key activities you could do
  - Transportation
  - Childcare

What are "supportive activities"?

Supportive activities are things you can do that are not related to nutrition, but that contribute to the improved health of mothers and infants.

There are two kinds of supportive activities that can be part of your CPNP program.

Kinds of supportive activities	Examples
1. Activities that help women to access your program	• paying for transportation • paying for childcare • incentives
2. Activities that do not focus on nutrition, but are needed to improve the health of mothers and infants in your community, and have **no other funding in your community.**	• parenting classes • exercise programs for women of childbearing age • family planning/sex education • programs that help women to quit smoking • diabetes education

Choosing supportive activities

Remember to budget carefully for your program's supportive activities. Communities can spend **up to 25%** of their CPNP funding on supportive activities. This means that it is important to set priorities with this small amount of funding.

- In many communities, transportation and childcare (to help women get to their program) are the main expenses with this part of their budget.
- Supportive activities **should only be funded by CPNP if there is no other source of funding for them** in your community.

Buying craft supplies

Some programs invite women to get together to do traditional or other crafts (such as making breastfeeding pillows). At the same time, the women talk about eating healthy food during pregnancy.

- Please note that craft supplies are a **supportive activities expense**. The funding comes from this 25% of your budget.
- Remember to budget first for the basics, such as transportation and childcare, before deciding how much to spend on craft supplies.

Why are supportive activities important for your program?

Supportive activities help you to deliver your program and improve the health of mothers and infants — the goal of CPNP!

Evaluation of CPNP tells us...
Because of CPNP projects, some women have quit smoking while others have decreased their use of alcohol.

Key activities you could do

These two key supportive activities make it easier for women to attend your program. You may want to include them in your work plan if they are needed in your community:

- Transportation
- Childcare

Ways to help with transportation

- Help the women in your program be part of a walking club or "buddy system". This works best for those who live close enough to walk to the program.
- Set aside money in your budget for transportation for those who live too far to walk. You might give the women vouchers for a taxi, or you could pay for gas for the health centre van. Suggest that women share taxis if they are coming to the program this way.

Ways to help with childcare

- Find a way to provide childcare so that mothers can focus on program activities. Link up with a daycare or other childcare program in the community to save money.
- The childcare area should be away from the parent or group activities, but close enough so that mothers are not worried about their children.
- Try to have extra childcare workers when regular staff members cannot come. Local high school students might be willing to help.
- Encourage people in the community to donate toys. Check to make sure the toys are safe for the age of children who will be using them. Find out if you can get toys from a toy or equipment lending library. Be sure to keep the toys clean.

Use your imagination...

Many good supportive activities are free!

Look for tips for more activities in the resource *Recipes for Success*.

Accountability and Evaluation

Accountability and Evaluation

Here's what you will find in this section:

Accountability

What are work plans and reporting?

Evaluation

What is it, and why do we do it?

This section of *The CPNP Guidebook* is not complete.

- You will receive more information for this section of your Guidebook later.
- If you need more information now, please contact the CPNP contact in your region (see Section 7 for a list).

Accountability —
What are work plans and reporting?

It begins with a work plan!
A work plan (sometimes called a proposal) is an outline of the activities you are planning for the fiscal year. (A fiscal year begins in April of one year and lasts until March of the next year.) The work plan form shows what you will do, who will be involved, and how much you think the activities will cost.

You may need to change your plan during the fiscal year because of changes in your community. For example, there may be more pregnant women than you thought there would be. Or there could be fewer pregnant women. Even though the activities you planned might change during the year, it is important to start with a plan.

See Appendix C for a sample work plan form. The CPNP contact in your region can provide you with the work plan form you need to fill out.

Reporting

During the fiscal year (from April until next March), you will do the activities listed in your work plan. In most regions, you must provide updates on your work plan a few times each year. You must also submit a final report. This lets the CPNP contact in your region know what activities you have done, what they cost, and what the results (or outcomes) were.

All regions do not do their reporting in the same way. The CPNP contact in your region can tell you how often you need to report, and what forms you must use.

The final report

In most regions, a final report on your program activities is due no later than 90 days after the end of the fiscal year (no later than the end of June). It includes details on your program activities to March 31, such as:

- how many women attended your programs in the past year
- whether those women breastfed, and for how long
- what the babies' birth weights were

See Appendix D for a sample year-end report form. The CPNP contact in your region can provide you with the form that you need to use.

The final report form also comes with a tracking sheet so that you can write down this information during the year. This will save you time and effort when you do your final report.

The CPNP contact in your region can...

- help you with your work plan and reporting
- provide you with a work plan form to fill out
- tell you how often you need to report and what forms you must use
- give you the form you need for your final report (due no later than 90 days after the end of the fiscal year, no later than the end of June)

See Section 7 for a list of CPNP contacts for each region.

Evaluation — What is it, and why do we do it?

How do we know whether CPNP is meeting its goal — to improve the health of mothers and infants? **Evaluation!**

There are two kinds of evaluation, local and national.

Look for other tips on evaluation in the resource *Recipes for Success*.

Local evaluation
Although you do not have to do a local evaluation, we strongly suggest that you do one. It is best if you can do this kind of evaluation often, not just at the end of the year.

Local evaluation

Why do I need to do this?

- to learn what you are doing well
- to help you see how the program can...
  - serve people better
  - save money
  - serve more people
  - be improved in other ways
- to show leaders in your community that your program is making a difference

How can I do it?

Here are a few ideas:

- Ask the women to fill out a simple feedback form after class.
- Ask women who were part of the program a year ago for ideas on how to improve it.
- Ask program partners (community health nurse, elders, community store owner or manager) for feedback.
- Take time to think about how well an activity worked and what you could do better next time.

National evaluation
It is important for you to take part in the national evaluation. Then your community's good work can help us know more about the success of CPNP across Canada!

National evaluation

Why do I need to do this?

- So Health Canada can learn how well it is supporting programs in communities, and how it can improve its support
- To show government that CPNP is valuable and is making a difference across Canada

How can I do this?

- The CPNP national office at Health Canada collects information about what is happening in community programs across Canada. You have likely been asked to provide different reports or fill out questionnaires, without actually naming your program participants.
- The national office is revising its evaluation process. When a new process is set up, we will send you a new section about evaluation to include in your Guidebook. This new section will explain how your program's activities and results can help us know more about the success of CPNP across Canada.

Evaluation of CPNP tells us...
All through this CPNP Guidebook, there are boxes like this one. They have information that we have learned from the national evaluation.

For example, we have learned that:

- Women who receive food vouchers are more likely to make changes to their eating habits.
- It appears that more women who participate in CPNP are choosing to breastfeed, and they are breastfeeding longer.
- Women are more likely to feel satisfied with prenatal classes when elders are involved.
- Women who attend prenatal classes are less likely to smoke during pregnancy.

These are just a few examples of the kinds of information that we can learn from evaluation. This information can help everyone learn ways that we can improve our programs.

CPNP Contacts for All Regions of Canada

CPNP Contacts for All Regions of Canada

To speak to your CPNP contact, please call the telephone number for your region. All CPNP staff are part of the **First Nations and Inuit Health Branch (FNIHB)**, **Health Canada**, or part of a territorial government.

Telephone: (902) 426-4118
Fax: (902) 426-8675

Coordinator Nutrition Programs
FNIHB, Atlantic Region,
Health Canada
Maritime Centre, Suite 1816
1505 Barrington Street
Halifax, NS B3J 3Y6

Telephone: (514) 283-5614
Fax: (514) 283-3807

Manager, CPNP
FNIHB, Québec Region,
Health Canada
East Tower, Room 202,
Place Guy Favreau
200 René Lévesque Blvd. West
Montréal, PQ H2Z 1X4

Telephone: (613) 952-8377
Fax: (613) 952-7733

Regional Nutritionist
FNIHB, Ontario Region,
Health Canada
3rd Floor, 1547 Merivale Road
Nepean, ON K1A 0L3

Telephone: (204) 983-4199
Fax: (204) 983-6018

CPNP Manager/Community
Nutritionist
FNIHB, Manitoba Region,
Health Canada
391 York Avenue, Suite 300
Winnipeg, MB R3C 4W1

Telephone: (306) 780-5427
Fax: (306) 780-6026

Regional Nutritionist
FNIHB, Saskatchewan Region,
Health Canada
18th Floor, 1920 Broad Street
Regina, SK S4P 3V2

Telephone: (780) 495-7339
Fax: (780) 495-2687

Manager, CPNP
FNIHB, Alberta Region,
Health Canada
Canada Place, 9700 Jasper Avenue,
Suite 730
Edmonton, AB T5J 4C3

Pacific Region
Telephone: (250) 729-3815
or cell: (604) 220-5808
Fax: (250) 754-0424

Regional Nutritionist
FNIHB, Pacific Region,
Health Canada
312 Rockridge Place
Nanaimo, BC V9T 5L3

Yukon
Telephone: (867) 393-6770
or (867) 393-6783
Fax: (867) 393-6772

First Nation Health Programs
FNIHB,
Northern Secretariat, Yukon
300 Main Street, Suite 103
Whitehorse, YK Y1A 2B5

Northwest Territories
Inuvik Region
Telephone: (867) 777-8052
Fax: (867) 777-8049

Regional CPNP Nutritionist
Inuvik Regional Health and
Social Services Authority
Bag Service #2
Inuvik, NT X0E 0T0

Northwest Territories
Yellowknife Region
Telephone: (867) 920-3237
Fax: (867) 873-0158

Regional CPNP Nutritionist
Yellowknife Health and
Social Services Authority
Box 608
Yellowknife, NT X1A 2N5

Nunavut
Telephone: (867) 975-5700
Fax: (867) 975-5705

Health Promotion Specialist, CPNP
Department of Health
and Social Services
Government of Nunavut
PO Box 1000, Station 1000
Iqaluit, NU X0A 0H0

National Office
Telephone: (613) 954-7757

Senior Nutritionist and
National CPNP Manager
Community Programs Directorate
FNIHB, Health Canada
20th Floor, Jeanne Mance Building
Tunney's Pasture, P.L. 1920A
Ottawa, ON K1A 0K9

The CPNP contact in your region can also help you find other government contacts.

Here are some other ways to find out about government programs and services related to health:

- Health Canada Web site **www.healthcanada.ca**
- Toll-free telephone service **1-800-O-Canada** (1-800-622-6232)

Handy Resources

HANDY RESOURCES

This section provides you with a list of resources that you could use in your program. It describes each resource, and tells you how to order it.

The resources are organized into the following groups:

TWO KEY RESOURCES FOR CPNP PROGRAMS 8-3
You should make sure that you have access to both of these resources.

REFERENCE MATERIALS 8-5
These are books, manuals and other resources that you might find helpful to your program.

TOOLS FOR CPNP WORKERS 8-13
These are teaching tools or activity ideas that might help you in delivering your program.

VIDEOS 8-23
This is a list of videos that you can order for your program to use as teaching tools.

STUFF FOR MOMS 8-29
This includes handouts and other items you may give to the women who come to your program.

COOKBOOKS 8-35
This is a list of cookbooks with simple, low-cost nutritious recipes that you might find helpful for cooking activities in your program.

WHERE TO FIND OTHER RESOURCES 8-37
This page has a list of catalogues that you can order and Web sites you can visit for more ideas.

Within each of the above groups, the resources are organized by core program element.

Please be aware....

Not all of these resources are from Health Canada. They can be very helpful to your project, but some of them might not have the most recent Canadian guidelines.

When you are looking for the most recent guidelines about prenatal nutrition, please use the Health Canada documents.

TWO KEY RESOURCES FOR CPNP PROGRAMS

Description:

Building Healthy Babies is a manual for community health workers in First Nations or Inuit communities. It has information about healthy eating before and during pregnancy. It also provides information on gestational diabetes and physical activity. The last two sections talk about nutrition after the baby is born, in the form of breastfeeding and infant nutrition (baby's first foods). This manual gives you the tools and information you need so you can encourage pregnant women to stay healthy and have a healthy baby. It suggests that women follow a healthy eating pattern, make healthy choices about food, exercise, smoking, and alcohol and drug use, and seek the support and services they need. (2nd revised edition, 2003)

Order the book from:
The CPNP contact in your region (see Section 7 for a list)

Order the CD-ROM from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

Description:
This is a recipe box full of ideas and tips for CPNP workers, from other CPNP workers from across the country. It tells you what has helped other workers find success. It also gives you tips on how to attract women to your program, and more ideas for activities that support each of the core program elements. (2004)

Order it from:
The CPNP contact in your region (see Section 7 for a list)

REFERENCE MATERIALS
For Nutrition Screening, Education and Counselling

Description:
This is a training manual that tells you how to teach others to make baby food. It suggests how you can plan and conduct the workshop. Topics include step-by-step planning for the workshop, workshop content (how to make baby food using simple kitchen tools), how to help parents develop a good feeding relationship with their babies, and information about nutrition. It has pages that you can photocopy for the people in your workshop. The manual is good for new parents who want to learn how to make baby food, what foods to give infants, and when. (1998)

Order it from:
FoodShare Toronto
Tel: (416) 392-1629
Fax: (416) 392-6650
Email: zola@foodshare.net
Internet: www.foodshare.net/publications_01.htm

Cost: $25 including shipping and taxes

Description:
This book is for pregnant women who want to remain active, or begin physical activity so they can be healthy when they are pregnant. It describes the benefits of exercise during pregnancy, talks about safety, describes the FITT principles, and gives tips for healthy eating. It also suggests exercises women can do after the baby is born. This is an excellent book for fitness leaders, fitness and health professionals, and doctors. It has many photographs and drawings. (1999)

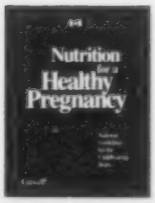
Order it from:
Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel: 1-877-651-3755 or (613) 234-3755
Fax: (613) 234-3565
Email: info@csep.ca
Internet: www.csep.ca

Cost: $11.95 plus shipping and taxes

Description:
This manual was created to support you when you use the mothers' workbooks, *Celebrating Pregnancy!* and *Celebrating New Life!* It provides clear-cut information to help high-risk women get enough food during pregnancy. The nutrition information is combined with sensitive counselling techniques. The goal is to help you talk to women about making healthy food choices in pregnancy, while respecting their economic, social, cultural and physical environment. (1995)

Order it from:
OPTIONS Services to Communities Society
100-6846 King George Highway
Surrey, BC V3W 4Z9
Tel: (604) 596-4321
Fax: (604) 572-7413

Cost: $20 plus shipping and handling



Description:
A reference book for the health professional, this guide provides advice on healthy eating and healthy living for women before, during and between pregnancies. You will find practical advice and suggestions in each section. A PowerPoint™ presentation is also available. (1999)

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/hptb-dgpsa/onpp-bppn/national_guidelines_int_e.html

Description:
This pregnancy guide answers questions from mothers- and fathers-to-be, from the planning stage until after the baby is born. It also includes basic information on starting to breastfeed. It is written in a month-by-month format.(revised edition, 2002)

Order it from:
Most bookstores or online bookstores

Cost: About $18 plus shipping and/or taxes

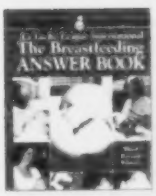
For Nutrition Screening, Education and Counselling

REFERENCE MATERIALS
For Breastfeeding Promotion, Education and Support

Description:
This is a clear, basic guide to breastfeeding. It talks about how to solve the problems women have with breastfeeding when they first start. It also helps women learn the facts about breastfeeding (not the myths). Many photos and illustrations show women how to breastfeed. Simple text makes it an ideal book for "non-readers". (revised edition, 2000)

Order it from:
La Leche League Canada
Box 29, 18C Industrial Drive
Chesterville, ON K0C 1H0
Tel: (613) 448-1842
Fax: (613) 448-1845
Email: laleche@igs.net
Internet: www.lalecheleaguecanada.ca

Cost: $23.95 plus shipping, handling and taxes



Description:
This is a complete and up-to-date guide to help you help women with breastfeeding. It is easy to read with tabs on the back cover to help you find information quickly. It has basic breastfeeding information, along with tips to help you when problems arise. This book will teach you how to provide good help to breastfeeding women. Some topics include getting the right position, sucking, how to express and store milk, weaning, fussy babies, babies who refuse the breast, jaundice, twins and triplets, and caesarean birth. (3rd revised edition, 2003)

Order it from:
La Leche League Canada
Box 29, 18C Industrial Drive
Chesterville, ON K0C 1H0
Tel: (613) 448-1842
Fax: (613) 448-1845
Email: laleche@igs.net
Internet: www.lalecheleaguecanada.ca

Cost:
Hardcover book or CD-ROM – $116 plus shipping, handling and taxes
Hardcover book and CD-ROM – $199 plus shipping, handling and taxes

Note: This image is of the 4th edition. A 5th edition is now available.

The Nursing Mother's Companion
— by Kathleen Huggins

Description:
Recommended by many health professionals, this book is a complete guide to making breastfeeding a success. The author is a nurse and lactation consultant, and she writes in an easy style about all the things new mothers need to know. The book is divided into sections that you use as you need them. Some examples are: nipple soreness, nutrition, and the effect of food and drugs on breast milk. There is also a section that answers the difficult questions women may ask about breastfeeding. (5th revised edition, 2004)

Order it from:
Most bookstores or online bookstores

Cost: About $24 plus shipping and/or taxes

A Practical Workbook to Protect, Promote and Support Breastfeeding in Community Based Projects

Description:
This workbook helps workers in the Canada Prenatal Nutrition Program (CPNP) and other prenatal projects in communities to plan activities that will protect, promote and support breastfeeding. It is presented as a workbook that can be used by people of all backgrounds and training. There is an Appendix on "Aboriginal Perspectives on Breastfeeding". (2002)

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/dca-dea/publications/pdf/bf_workbook_e.pdf

The Womanly Art of Breastfeeding

— by Judy Torgus and Gwen Gotsch

Description:
Mothers have used this classic guide to breastfeeding for nearly 40 years. It has a warm, down-to-earth approach to providing breastfeeding information and support. Real stories and photos show the loving, difficult, and sometimes funny moments of breastfeeding and mothering. (7th revised edition, 2004)

Order it from:
La Leche League Canada
Box 29, 18C Industrial Drive
Chesterville, ON K0C 1H0
Tel: (613) 448-1842
Fax: (613) 448-1845
Email: laleche@igs.net
Internet: www.lalecheleaguecanada.ca

Cost: $21.95 plus shipping, handling and taxes

TOOLS FOR CPNP WORKERS
For Nutrition Screening, Education and Counselling

Food Group Tear-off Sheets

Description:
This series of five tear-off sheets gives key messages from each of the four food groups of the food guide (adapted for First Nations and Inuit use), and "Other Foods". Each fact sheet includes information on healthy amounts to eat and information on the most nutritious choices. Each one also has tips about diabetes and food budgeting. They can help you use the nutrition screening tool, *How Well Did You Eat for You and Your Baby?* (see below). (2003)

Order them from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

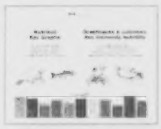
How Well Did You Eat for You and Your Baby?

Description:
This is a quick and easy tool to help you find out whether a pregnant woman is eating enough of the four food groups and choosing healthy food. It includes information to help women decide what changes they can make. (2003)

The **portion size guide** book that supports the tool is spiral-bound and can be set up like an easel (folded to show pictures of the food groups and of portion sizes).

You can also get **tear-off sheets** about each food group that you can give to the women in your program.

Order them from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm



Nutrient Bar Graphs: An Illustrated Guide to the Nutrient Value of Some Foods Used by Aboriginal People in Canada

Description:
This booklet shows colour graphs of more than 60 traditional foods. Each graph has several bars and each bar represents a different nutrient. These graphs are like windows into a food — they show how much of a key nutrient a food has. They are useful if you want to compare the nutritional value of different foods. They also can be used to show that certain groups of foods contain many of the same key nutrients. (1995)

Order it from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

Nutrition BINGO with Traditional Foods

Description:
This package has colour BINGO cards as well as game pieces. The game is played like regular BINGO, but traditional and store-bought foods are used instead of numbers. It was developed in the Saskatchewan region and features traditional foods enjoyed by First Nations and elsewhere in Canada. Playing the game will help people learn how foods fit into the four food groups. The game can be used with many age groups.

Order it from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

Description:
This toolkit will help you read, understand and use the new nutrition labels that are on packaged foods in Canada. Using this kit, you will be able to show others in your community how to use food labels so they can make healthy choices in the grocery store. This toolkit includes posters, background information and a ready-to-go presentation. Ideas for activities that show people how to use nutrition labels are included. It also provides a fact sheet on nutrition labelling that you can photocopy and give to women in your program. (2003)

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/labelling-etiquetage/first_nations_e.html

Description:
This booklet contains actual-size photos of foods. It can be used by health workers to teach about portion sizes of foods from the four food groups of the food guide (adapted for First Nations and Inuit use). It is spiral-bound and can be set up like an easel (folded to show pictures of the food groups and of portion sizes). It can help you use the nutrition screening tool, *How Well Did You Eat for You and Your Baby?* (see page 8–13 of this Guidebook).

Order it from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

TOOLS FOR CPNP WORKERS
For Maternal Nourishment

Cover photo not available

Collective Kitchens Handbook

Description: This is a guide on how to run a collective kitchen (cooking group). It gives step-by-step or day-to-day details on how to plan and deliver a collective kitchen. (revised edition, 2004)

Order it from:
Capital Health
Primary Care Division
Resource Office
Suite 300, 10216 – 124 Street
Edmonton, AB T5N 4A3
Tel: (780) 413-7929
Fax: (780) 482-4194

Cost: $5.00 plus shipping and handling

Community Kitchens Leader's Guide

Description:
This guide tells you how to set up and manage a community kitchen. It includes tips on promoting the idea and getting funding (including sample letters to help you get funding). (1993)

Order it from:
Kamloops FoodShare
c/o 231 Sunhill Court
Kamloops BCV2E 2P5
Tel. and Fax: (250) 372-0815
Internet: www.communitykitchens.ca
(www.communitykitchens.ca/images/pdf/Food_Security_Resource_Materials.pdf)

Cost: $18 plus 10% shipping

The Food Experience: A Facilitator's Manual

Description:
This is a manual that tells you how to set up community kitchens. It can be used along with the recipes in *The Basic Shelf Cookbook*. It will help you teach people with low incomes how to spend their food money wisely, cope with the stress of poverty as a group, and take action to improve their access to food. (1994)

Order it from:
Canadian Public Health Association
Health Resources Centre
400-1565 Carling Avenue
Ottawa ON K1Z 8R1
Tel: (613) 725-3769
Fax: (613) 725-9826
Email: hrc@cpha.ca
Internet: www.cpha.ca (www.cpha.ca/english/hrc/hrcpubs/index.htm)

Cost: $14.95 plus shipping and taxes

The Good Food Box Guide: How to Start a Program in Your Community

Description:
The Good Food Box Guide helps people and organizations develop a non-profit system to distribute fresh fruits and vegetables. It also provides tips on dealing with staff and administration, promotion and marketing, fundraising, deliveries and equipment, box contents, newsletters and customer service. It gives examples of newsletters, pamphlets, box contents, and work schedules. (1997)

Order it from:
FoodShare Toronto
Tel: (416) 392-1629
Fax: (416) 392-6650
Email: zola@foodshare.net
Internet: www.foodshare.net/publications_01.htm

Cost: $10 for photocopy (out of print), including postage

Description:
This manual provides complete information on how to start a community garden in your neighbourhood, schoolyard, apartment grounds, or rooftop. Some of the sections talk about fundraising, structure and leadership, rules and regulations for peaceful relationships among gardeners, finding and maintaining land, buying tools and equipment, and gardening with children and people with disabilities. The last part of the manual gives horticultural information, fact sheets about compost and soil testing, and reference and resource lists. "Month-by-month" sections will help anyone set up a community garden, in any location. (1997)

Order it from:
FoodShare Toronto
Tel: (416) 392-1629
Fax: (416) 392-6650
Email: zola@foodshare.net
Internet: www.foodshare.net/publications_01.htm

Cost: $25 including shipping and taxes

TOOLS FOR CPNP WORKERS

For Breastfeeding Promotion, Education and Support

Breastfeeding Your Baby: The Gift that Lasts a Lifetime

Description:
Funded by Health Canada, this 17-page booklet and 17-minute video offer information that is practical and easy to understand. The booklet has photos and drawings that show how to breastfeed. The video tells the story of three breastfeeding women, their babies and their families. The women are from First Nations communities in urban, rural and remote areas of Ontario. Elders, family members, community members, and community health care workers share information and advice. (2003)

Order it from:
Alice Longboat
Health Administrative Assistant
Chiefs of Ontario
Tel: (519) 750-1016
Fax: (519) 750-1316
Email: alice@coo.org
Internet: www.chiefs-of-ontario.org

Cost:
Video, 2 posters and 2 booklets – $40 plus shipping
Video only – $20 plus shipping

Photo not available

A Mother's Gift

Description:
This beautiful 18" x 24" laminated print shows a First Nations woman breastfeeding her baby. It is from original art by Karen Martin.

Order it from:
Directional Learning Canada
480 Washington Street
P.O. Box 369
Elora, ON N0B 1S0
Tel: (519) 846-5397
Fax: 1-800-377-7704, or (519) 846-9791
Email: dirlearn@albedo.net
Internet: www.directionallearning.ca

Cost: $49.95 plus shipping and taxes

VIDEOS
For Nutrition Screening, Education and Counselling

Description:
This 40-minute video looks at prenatal nutrition, newborn nutrition and family nutrition from a First Nations point of view. It comes with a guide that includes sections on getting ready for pregnancy and birth, and tips for using the video. (2002)

Order it from:
Awasis Training Institute of Northern Manitoba
100-701 Thompson Drive
Thompson, MB R8N 2A2
Tel: (204) 677-1500
Fax: (204) 778-8428
Email: awasisti@mts.net
Internet: www.awasistraininginstitute.mb.ca

Cost: $225 (video and user guide)

Cover photo not available

Description:
Produced by the Treaty #7 Tribal Council of Alberta, this video talks about how important it is to be healthy during pregnancy. Topics include nutrition, breast-feeding and other important health subjects that make women and babies healthy. (1993)

Order it from:
Diane Dodginghorse
Treaty #7 Tribal Council
310-6940 Fisher Road SE
Calgary, AB T2H 0W3
Tel: (403) 258-1775
Fax: (403) 258-1811

Cost: $15 plus $5 shipping and handling = $20

So You Want to Have a Healthy Baby

Description:
This video is for future parents in First Nations communities. It talks about why it is important to have prenatal care, healthy food, and to plan for breastfeeding. The video is 12 minutes long. You can also order a booklet. (revised edition, 2003)

Order it from:
Fort Alexander Health Centre
Box 70
Pine Falls, MB R0E 1M0
Tel: (204) 367-2208
Fax: (204) 367-4587

Cost: Package (video, booklet) – $30, 10 booklets – $40

VIDEOS
For Breastfeeding Promotion, Education and Support

The Art of Breastfeeding

Description:
This video is an English version of the well-known video produced by La Leche League in French. It has three parts and is about 60 minutes long. Mothers, fathers and health professionals talk about breastfeeding, with honesty, tenderness and humour. (1994)

Order it from:
La Leche League Canada
Box 29, 18C Industrial Drive
Chesterville, ON K0C 1H0
Tel: (613) 448-1842
Fax: (613) 448-1845
Email: laleche@igs.net
Internet: www.lalecheleaguecanada.ca

Cost: $30 plus shipping, handling and taxes

The Art of Successful Breastfeeding: A Mother's Guide

Description:
This award-winning video describes how to get ready to breastfeed, how to start to breastfeed and how to cope with common problems. It tells women about the unique benefits of breastfeeding, so that families can make the best choice about infant nutrition and breastfeeding. It clearly explains how the breast works and shows simple steps that a mother can take to begin breastfeeding in hospital. It helps mothers cope with problems, including sore nipples, colic in babies, and mastitis (infection in the breast). (1995)

Order it from:
Beth Miller
The Vancouver Breastfeeding Centre
University of British Columbia
Tel. or Fax: (604) 948-2304
Email: vlivings@shaw.ca
Internet: www.breastfeedingclinic.com

Cost: $29.99 plus $6.00 shipping and handling = $35.99

Cover photo not available

The Bonding Circle of Breast Feeding

Description:
This well-known video promotes breastfeeding as a positive experience and an important part of the First Nations' tradition and culture. The focus is not only on the mother and child, but also on the whole family, elders, and the entire community, including health professionals. It is 15 minutes long. (1991)

Order it from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

Breast is Best

Description:
This teaching video is about breastfeeding, breast milk and early contact with the newborn. It was made in Norway, where almost all new mothers begin breastfeeding and have strong support for their choice. This video answers important questions about breastfeeding. These include: why breastfeeding is better for the mother and baby, breastfeeding techniques, and dealing with sore nipples, engorgement and mastitis (infection in the breast). The purpose of this video is to promote and protect breastfeeding. (1995)

Order it from:
INFACT Canada
6 Trinity Square
Toronto, ON M5G 1B1
Tel: (416) 595-9819
Fax: (416) 591-9355
Email: orders@infactcanada.ca
Internet: www.infactcanada.ca

Cost: $60 plus shipping and handling

Breastfeeding Your Baby: The Gift that Lasts a Lifetime

Description:
Funded by Health Canada, this 17-page booklet and 17-minute video offer information that is common sense and easy-to-understand. The booklet has photos and drawings that show how to breastfeed. The video tells the story of three breastfeeding women, their babies and families. The women are from First Nations communities in urban, rural and remote areas of Ontario. Elders, family, community members, and community health care workers share information and advice. (2003)

Order it from:
Alice Longboat
Health Administrative Assistant
Chiefs of Ontario
Tel: (519) 750-1016
Fax: (519) 750-1316
Email: alice@coo.org
Internet: www.chiefs-of-ontario.org

Cost:
Video, 2 posters and 2 booklets – $40 plus shipping
Video only – $20 plus shipping

So You Want to Have a Healthy Baby: Breastfeeding Teachings

Description:
This video helps parents in First Nations communities learn about the importance of breastfeeding. It is available in DVD or VHS format. (2004)

Order it from:
Fort Alexander Health Centre
Box 70
Pine Falls, MB R0E 1M0
Tel: (204) 367-2208
Fax: (204) 367-4587

Cost: DVD or VHS video – $40

STUFF FOR MOMS
For Nutrition Screening, Education and Counselling

Description:
This colour tearsheet is based on *Canada's Food Guide to Healthy Eating* but it shows traditional First Nations foods and store foods. The goal is to help women understand how each of the four food groups will help their baby be strong and healthy. (2001)

Order it from:
Publication Resource Centre
First Nations and Inuit Health Branch
Health Canada
P.L. 1916A
Ottawa, ON K1A 0K9
Tel: (613) 952-2117
Fax: (613) 954-8107
Email: publications_fnihb_enquiries-publications_dgspni_renseignements@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/fnihb/bpm/prc/index.htm

Description:
Canada's Food Guide to Healthy Eating is a guide to help people make healthy food choices. The rainbow side of the guide places foods into four food groups and describes the kinds of food to choose for healthy eating. The other side of the food guide helps people decide how much they need from each group every day. It shows the serving sizes for different foods. The information in the guide is for everyone over the age of four. You can adapt the guide to include traditional and alternative foods within the food groups. (1992)

You can also order a handbook called *Using the Food Guide*. It provides more information to help people use the guide well.

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html

Food guides that focus on traditional foods for First Nations and Inuit exist.

Find out from the CPNP contact in your region if one has been developed in your area. See Section 7 for a list of contacts.

Description:
This guide helps people make wise choices about physical activity. Its goal is to help Canadians prevent disease and get the most out of life. Like *Canada's Food Guide to Healthy Eating*, this guide uses a rainbow design. It describes the three main types of physical activities: endurance, flexibility and strength. It shows how to set goals and how to start being active. It also lists the benefits of physical activity and the health risks that come from not being active. (1998)

You can also order a handbook that provides more information to help people use the guide well.

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995, or 1-888-334-9769
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/hppb/pagunde

and

Description:
These two workbooks are colourful and easy-to-read. The first one is for pregnant women and the second is for women with babies. The focus is on nutrition during and after pregnancy. They were made for women from many cultural backgrounds, including First Nation women. (1995)

Order it from:
OPTIONS Services to Communities Society
100-6846 King George Highway
Surrey, BC V3W 4Z9
Tel: (604) 596-4321
Fax: (604) 572-7413

Cost: $3 each

Healthy Beginnings: Your Handbook for Pregnancy and Birth

Description:
This handbook on pregnancy and childbirth contains both text and drawings. It includes complete medical information, from the time before pregnancy to the first few days at home with a new baby. Because it is like a diary, women can use it to take notes during prenatal visits, to write their thoughts and feelings, and to keep track of questions they might want to ask at their next medical appointment. (2000)

Order it from:
The Society of Obstetricians and Gynaecologists of Canada
780 Echo Drive
Ottawa, ON K1S 5R7
Tel: 1-877-519-7999
Fax: (613) 730-4314
Internet: www.sogc.org

Cost: $14.93 including postage and handling

STUFF FOR MOMS
For Breastfeeding Promotion, Education and Support

Description:
This pamphlet is meant especially for first-time parents. It includes information about the benefits of breastfeeding and explains how breast milk is the best food for their baby. (revised 1998)

You can also order a handbook that provides more information to help people use the guide well.

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/dca-dea/publications/pdf/reasons_to_bf_e.pdf

Description:
This pamphlet is meant for new mothers. It covers the basics of breastfeeding, explaining clearly how mother and baby "learn to breastfeed". (revised 1998)

Order it from:
Health Canada Publications
Ottawa, ON K1A 0K9
Tel: (613) 954-5995
Fax: (613) 941-5366
Email: info@hc-sc.gc.ca
Internet: www.hc-sc.gc.ca/dca-dea/publications/pdf/10tips_brfeeding_e.pdf

COOKBOOKS

100 Meals for Under a Loonie per Serving

Description:
This cookbook has been used in several community kitchen workshops. The recipes are easy to prepare and nutritious. (1994)

Order it from:
Nanaimo Community Kitchens
271 Pine Street
Nanaimo, BC V9R 2B7
Tel: (250) 753-7470
Fax: (250) 753-9335
Email: nanaimocommunitykitchens@hotmail.com
Internet: www.nanaimocommunitykitchens.org

Cost: $8.00 + $2.00 shipping = $10.00

The Basic Shelf Cookbook

Description:
All of the recipes in this cookbook are made from one list of low cost, nutritious ingredients. Most of these ingredients have a long shelf life, and do not need to be refrigerated. All of the recipes are low in fat, taste good and make delicious use of beans, peas and lentils. They are quick and easy to make for people who do not cook a lot. No fancy equipment is needed to make the recipes. This cookbook is written for people who have low incomes, who do not have much storage or kitchen space, and who cannot shop for groceries very often. This book proves that food can be low cost without giving up good nutrition and taste.
(2nd revised edition, 2003)

Order it from:
Canadian Public Health Association
Health Resources Centre
400-1565 Carling Avenue
Ottawa ON K1Z 8R1
Tel: (613) 725-3769
Fax: (613) 725-9826
Email: hrc@cpha.ca
Internet: www.cpha.ca (www.cpha.ca/english/hrc/hrcpubs/index.htm)

Cost: $6.95 plus shipping and taxes

Cover photo not available

Community Kitchens Cookbook and Shopping Guide

Description:
This is a guide to cooking healthy meals using low cost food. It can be used at home or in a community kitchen. The guide offers advice on menu planning, shopping and food safety. It also features some favourite community kitchen recipes that cost less than $1 per serving. (2003)

Order it from:
Kamloops FoodShare
c/o 231 Sunhill Court
Kamloops BC V2E 2P5
Tel. and Fax: (250) 372-0815
Internet: www.communitykitchens.ca
(www.communitykitchens.ca/images/pdf/Food_Security_Resource_Materials.pdf)

Cost: $18 plus 10% shipping

Instant Chef

Description:
This is a set of cookbooks with simple meals using low cost food. Volumes 1, 2 and 4 are still available. (1998)

Order them from:
Bookstore
Grant MacEwan Community College
Mill Woods Campus
7319 – 29th Avenue
Edmonton, AB T6K 2P1
Tel: (780) 497-4082
Email: barroni@macewen.ca

Cost: $9.95 each

Meals for Good Health

Description:
This unique cookbook gives you a month of meals shown at actual size. It has 250 beautiful color photographs and is easy to read. The low-calorie meals are tasty, nutritious and easy to make. The photograph of each meal shows the actual size of portions. People can see very easily what to eat and how much to eat for good health. (1998)

Order it from:
Canadian Public Health Association
Health Resources Centre
400-1565 Carling Avenue
Ottawa ON K1Z 8R1
Tel: (613) 725-3769
Fax: (613) 725-9826
Email: hrc@cpha.ca
Internet: www.cpha.ca/english/hrc/hrcpubs/index.htm

Cost: $29.95 plus shipping and taxes ($19.95 soft cover)

WHERE TO FIND OTHER RESOURCES

Many companies and organizations offer health education resources about pregnancy and nutrition, breastfeeding and infant feeding. Some have free catalogues that you can order to help you decide what to buy. Some have Web sites with information.

Directional Learning

This company has catalogues on:

- nutrition teaching aids
- childbirth education resources

The second catalogue includes the poster *A Mother's Gift* that is included in the list of resources in this Guidebook, on page 8–21.

Order catalogues from:
Directional Learning Canada
480 Washington Street
P.O. Box 369
Elora, ON N0B 1S0
Tel: (519) 846-5397
Fax: 1-800-377-7704, or (519) 846-9791
Email: dirlearn@albedo.net
Internet: www.directionallearning.ca

INFACT Canada Breastfeeding Promotional Resources

Description:
INFACT stands for Infant Feeding Action Coalition. They produce posters, videos, booklets, T-shirts, stickers, cards, buttons and a World Breastfeeding Week Kit. You can also become a member of INFACT. Then you will receive their newsletter and get a discount if you buy their resources. Go to their Web site to see their catalogue.

Order resources from:
INFACT Canada
6 Trinity Square
Toronto, ON M5G 1B1
Tel: (416) 595-9819
Fax: (416) 591-9355
Email: orders@infactcanada.ca
Internet: www.infactcanada.ca

Cost:
Posters, stickers, buttons, and so on – prices vary
T-shirt (various) – $20 plus shipping
World Breastfeeding Week Action Kit – $40 plus shipping
Membership (includes 4 newsletters per year) – $55

La Leche League Canada

Description:
La Leche League produces many resources. Some of the most popular ones are included in the lists of breastfeeding resources provided earlier in this section of the Guidebook. Their Web site includes information on breastfeeding. Their Web site also has a catalogue of items you can search by category or by typing in keywords. You can also become a member of La Leche League Canada. Then you will receive their newsletter and get a discount if you buy their resources.

Order resources from:
La Leche League Canada
Box 29, 18C Industrial Drive
Chesterville, ON K0C 1H0
Tel: (613) 448-1842
Fax: (613) 448-1845
Email: laleche@igs.net
Internet: www.lalecheleaguecanada.ca

Cost:
Resources – varies
Membership – $40

Superior Medical Canada & Childbirth Care Canada

This company can provide you with the following catalogues:

- Childbirth Graphics
- Health EDCO
- Injoy Videos
- Krames (booklets, brochures, and fact sheets on pregnancy-related topics)

Order catalogues from:
Childbirth Care Canada
c/o Superior Medical Limited
520 Champagne Drive
Downsview, ON M3J 2T9
Tel: 1-800-268-7944, or (416) 635-9797
Fax: (416) 635-8931
E-mail: info@superiormedical.com
Internet: www.superiormedical.com

Other Web sites

Description:
The authors of this Web site describe it as "The #1 site for breastfeeding information, support and attitude". It offers a wide range of information on breastfeeding and describes the benefits. Two useful features are the "photo essays" (photos and written information) and short video clips that show how to position the baby well, how to ensure a proper latch, and how to express breast milk. The site has tips that would help a woman who is returning to work or school continue to breastfeed. It also includes some amusing cartoons and articles.

Description:
The CAPC–CPNP Resource Catalogue offers a listing of products and resources available from or in use by CAPC (Community Action Program for Children) and CPNP–PPHB (off-reserve) component projects across the country. The catalogue includes a wide range of products and resources including books, pamphlets, videos and tool boxes. It provides a brief description of the resource as well as information about cost and where to order.

Description:
The CAPC–CPNP National Projects Fund (NPF) is designed to support the objectives of CAPC (Community Action Program for Children) and CPNP–PPHB (off-reserve) component projects. The NPF is designed to support time-limited projects sponsored by voluntary, non-profit, non-governmental organizations that are national in scope and result in the strengthening of CAPC–CPNP projects. The CAPC–CPNP Project Directory for NPF offers a listing and description of NPF projects as well as links for downloading available resources.

Description:
This Web site pulls together many sources of information on pregnancy, childbirth and the first few months of a child's life. Some examples are a link to a week-by-week calendar of baby's growth, and information on exercise during pregnancy, breastfeeding and starting to feed solid foods. It includes an online bookstore, offering books, pregnancy journals and videos.

Provincial Dairy Board resources

Description:
Your provincial dairy board may have useful nutrition resources. A good example is a set of food model cards. Each of the 50 cards has a colour photograph of a food. The names of the foods are written on the back side of each card, in English and French. The cards can be used for many activities, such as showing what foods belong in each food group and how to prepare balanced meals. Another good resource is a chart for healthy eating during pregnancy or breastfeeding.

For a list of provincial dairy boards, contact the Canadian Dairy Commission:
Canadian Dairy Commission
Building 55, NCC Driveway
Central Experimental Farm
960 Carling Avenue
Ottawa, ON K1A 0Z2
Tel: (613) 792-2000
Fax: (613) 792-2009
Email: cdc-ccl@agr.gc.ca
Internet: www.cdc.ca/CDC/main_e.asp?catid=132

Appendices

APPENDICES

APPENDIX A
Goals and Principles of CPNP–FNIC

APPENDIX B
Program Model for CPNP–FNIC

APPENDIX C
Sample CPNP Work Plan Form

APPENDIX D
Sample CPNP Year-End Report Form

APPENDIX E
Sample Job Description

APPENDIX F
Roles of Some Project Partners

APPENDIX G
Non-Insured Health Benefits

APPENDIX H
How to Make Sure Your Kitchen is Safe

APPENDIX I
How to Make Sure Your Food is Safe

APPENDIX A

Introduction

This appendix includes the formal wording of the vision, goals and principles of the Canada Prenatal Nutrition Program, First Nations and Inuit Component (CPNP–FNIC). They are described in Section 1 of this Guidebook. They can also be found in the program Guidelines and Framework, which were released in 2000.

Vision

The Vision for the Canada Prenatal Nutrition Program, First Nations and Inuit Component (CPNP–FNIC) is:

> *First Nations and Inuit communities where, as life givers, women enjoy optimal health, and where future generations are given the healthiest possible start in life.*

Program Purpose

From this broad vision, the purpose or mission of CPNP–FNIC is **improved nutritional health of mothers and infants:**

> *Through the First Nations and Inuit Component of the Canada Prenatal Nutrition Program, conditions are created in which maternal and infant health can flourish.*

Goal and Objectives

The Goal of CPNP–FNIC is:

> *To improve maternal and infant nutritional health by providing a greater depth of service to women earlier in their pregnancy and for a longer duration postpartum, with a particular focus on those at high risk.*

To meet this goal, the Objectives of projects within CPNP–FNIC will be to:

1. Improve the adequacy of the diet of prenatal and breastfeeding First Nations and Inuit women.
2. Increase access to nutrition information, services, and resources to eligible First Nations and Inuit women, particularly those at high risk.
3. Increase breastfeeding initiation and duration rates.
4. Increase knowledge and skill building opportunities for those involved in the program.
5. Increase the number of infants fed age-appropriate foods in the first 12 months.

Operating Principles

All CPNP–FNIC programs will operate in manner consistent with the following four principles. Program activities will be:

1. **Culturally grounded, community based and community paced**
   Within the framework, First Nations and Inuit communities are responsible for decision making, planning, implementing and evaluating their program in a manner that is consistent with cultural beliefs and practices.
2. **Integrated with community programs and linked to other initiatives**
   Linkages with other initiatives may be established to maximize program resources, enhance quality and effectiveness of CPNP programming and prevent duplication of services.
3. **Sustainable and accountable, with clear evaluation processes**
   Projects will provide high quality services and activities that have a positive impact on the health of First Nations and Inuit women and infants. Processes for reporting and evaluating CPNP will be simple and comprehensive.
4. **Build capacity and training**
   Focused, coordinated training and development, at both the community and regional levels, will enhance program delivery and project accountability.

APPENDIX B

Introduction

This appendix includes a full-page diagram of the model for the Canada Prenatal Nutrition Program, First Nations and Inuit Component (CPNP–FNIC). It shows that the program principles, program elements and program goal are all linked together. The model is described in detail on page 1–6.

PROGRAM MODEL FOR CPNP FNIC
PRINCIPLES
PROGRAM ELEMENTS
Culturally Grounded
Nutrition Screening
Nutrition Counselling

APPENDIX C

Introduction

A work plan (sometimes called a proposal) is an outline of the activities you are planning for the fiscal year. The work plan shows what you will do, who will be involved, and how much you think the activities will cost.

During the fiscal year, you will do the activities listed in your work plan. In most regions, you must provide updates on your work plan a few times each year. You must also submit a final report (see Appendix D).

This appendix is a sample work plan form to give you an idea of what makes up a work plan. The form you need to use in your region may look different. The CPNP contact in your region can provide you with the form that you need to use and tell you how often you need to report.

Sample Canada Prenatal Nutrition Program Work Plan Form

(please ask the CPNP contact in your region for the form to use in your region)

Community:	**Contact:**	**Position:**	
Total Funding:	**Telephone:**	**Fax:**	**Email:**

THE NATIONAL FRAMEWORK FOR THE CANADA PRENATAL NUTRITION PROGRAM HAS THREE CORE ELEMENTS:

1. Nutrition screening, education and counselling;
2. Maternal nourishment; and
3. Breastfeeding promotion, education and support

The overall goal of CPNP (improved nutritional health of mothers and infants) can be achieved through these core elements. Therefore, no less than 75% of your total funding should be used to support these core elements through activities that meet the needs of your community. **Please refer to the program guidelines.**

Core Elements (at least 75% of funding)	Activities	Time Frame	Responsibility	Budget	Anticipated Outcome	**Actual Outcome** (to be completed at year end)
Nutrition Screening, Education and Counselling						
Maternal Nourishment						

Core Elements (at least 75% of funding)	Activities	Time Frame	Responsibility	Budget	Anticipated Outcome	**Actual Outcome** (to be completed at year end)
Breastfeeding Promotion, Education and Support						

NO MORE THAN 25% OF FUNDING IS TO BE USED TO SUPPORT ACTIVITIES THAT HELP WOMEN TO ACCESS YOUR PROGRAM AND/OR ACTIVITIES THAT DO NOT FOCUS ON NUTRITION, BUT ARE NEEDED TO IMPROVE THE HEALTH OF MOTHERS AND INFANTS IN YOUR COMMUNITY, AND HAVE NO OTHER FUNDING IN YOUR COMMUNITY.

Core Elements (no more than 25% of funding)	Activities	Time Frame	Responsibility	Budget	Anticipated Outcome	**Actual Outcome** (to be completed at year end)
Activity to facilitate program delivery OR Activity to improve health outcome for which no other funding is available						

PLEASE BRIEFLY DESCRIBE HOW YOU WILL INCORPORATE THE FOUR PRINCIPLES OF CPNP INTO YOUR ACTIVITIES:

Culturally grounded
Training and capacity building
Links to other services
Accountability and evaluation

Prepared By Date Supervisor's Signature (if required)

APPENDIX D

Introduction

All regions do not do their reporting in the same way. This appendix is a sample year-end report form to give you an idea of what one might look like. The form you need to use in your region may look different. The CPNP contact in your region can provide you with the form that you need to use.

The year-end report form comes with a tracking sheet. During the fiscal year you can use the tracking sheet and write down the information you will need for your year-end report. This will save you time and effort when you do your final report.

CANADA PRENATAL NUTRITION PROGRAM (CPNP)

SAMPLE Final Report

Your regional CPNP contact can provide you with the report forms you need to fill out in your region

PART A : BASIC INFORMATION

Community Name: _____

Address: _____

_____

_____ Postal Code: _____

Telephone: ( ) _____ Fax: ( ) _____

Email: _____

CPNP Contact: _____ Position: _____

IMPORTANT:

Every year, CPNP programs are required to share specific information through workplans, mid-year and year-end reports. This form is designed to make it easy to report on the required information at year end. The questions that are mandatory are marked by a *. We still encourage you to respond to the questions that do not have this mark. They don't take too long to answer and allow you to share meaningful information about your program, giving us a more complete picture of CPNP across Canada.

Tracking Sheet: The tracking sheet provided with this report can help you to keep track of important information over the coming year.

CANADA PRENATAL NUTRITION PROGRAM (CPNP)

SAMPLE Final Report

Your regional CPNP contact can provide you with the report forms you need to fill out in your region

PART A: BASIC INFORMATION

Community Name: _____

Address: _____

_____

_____ Postal Code: _____

Telephone: ( ) _____ Fax: ( ) _____

Email: _____

CPNP Contact: _____ Position: _____

IMPORTANT:

Every year, CPNP programs are required to share specific information through workplans, mid-year and year-end reports. This form is designed to make it easy to report on the required information at year end. The questions that are mandatory are marked by a *. We still encourage you to respond to the questions that do not have this mark. They don't take too long to answer and allow you to share meaningful information about your program, giving us a more complete picture of CPNP across Canada.

Tracking Sheet: The tracking sheet provided with this report can help you to keep track of important information over the coming year.

1* How many geographic communities were served by this CPNP program? *(Insert number)* _____

2 A. * **Total number of <u>eligible</u> women.** How many pregnant and/or breastfeeding women were there in your community/ communities served by CPNP this past _____

B. * **Total number of <u>actual</u> CPNP participants.** How many pregnant women and/or breastfeeding women participated in your CPNP program this past year? _____

C. * Number of women eligible who did not participate in CPNP (Question 2A minus Question 2B) _____

D. If some pregnant and/or breastfeeding women did not participate in your program, based on your knowledge, please identify the **most** common reason(s) for not participating:

- ❑ Not aware that service existed
- ❑ Refused/declined to participate
- ❑ Able to access this type of service elsewhere
- ❑ Did not think/believe she needed to participate
- ❑ Other (specify): _____

E. Were male partners involved in your CPNP activities?

❑ Definitely ❑ Somewhat ❑ Not at all

F. Briefly describe how the male partners were involved in your CPNP activities:

_____

_____

_____

G. * Look at question 2B (Total number of CPNP participants). At what point in their pregnancies did these women first access your CPNP program this year?

_____ # Before they were pregnant for preconception education
_____ # In first trimester of pregnancy
_____ # In second trimester of pregnancy
_____ # In third trimester of pregnancy
_____ # After the birth of the baby
_____ # Of women for whom this information is not known

Total : _____ (Total should be equal to Question 2B)

PART B : PROGRAM ACTIVITIES

3 What type of service/activity did your CPNP program offer under each of the Core and Supportive Elements? *(Check all that apply)*

CORE ELEMENTS (at least 75% of funding)

Nutrition Screening, Counselling, Education:

- ❑ Nutrition/dietary assessment
- ❑ One to one nutrition counselling/education
- ❑ Group nutrition counselling/education
- ❑ Traditional/Cultural teachings
- ❑ Baby food making
- ❑ Other (specify): _____

Maternal Nourishment:

- ❑ Boxes, bags, hampers of food, including traditional food
- ❑ Vouchers or coupons for food
- ❑ Traditional/cultural teachings
- ❑ Cooking classes or community kitchens
- ❑ Vitamin/mineral supplements
- ❑ Other (specify):_____

Breastfeeding Support and Promotion:

- ❑ Educational sessions/workshops
- ❑ One to one support
- ❑ Group support
- ❑ Peer support/buddy programs
- ❑ Traditional/cultural teachings
- ❑ Supplies
- ❑ Other(specify):_____ **Please note that breast pumps are available through NIHB.**

SUPPORTIVE ELEMENTS (no more than 25% of funding)

- ❑ Staff training/education
- ❑ Traditional/cultural teachings
- ❑ Child care
- ❑ Child safety
- ❑ Transportation
- ❑ Incentives
- ❑ Exercise classes
- ❑ Family planning/sex education
- ❑ Preconception education
- ❑ FAS/E education/awareness
- ❑ Smoking cessation
- ❑ Drug/alcohol addiction counselling
- ❑ Labor and Delivery Support
- ❑ Parenting education
- ❑ Purchase resources and/or educational materials
- ❑ Other (specify):_____

4 What is the most successful service or activity that you offer in your CPNP program? Why?

_____

_____

_____

5* Please identify any other agencies, programs, businesses you partner with in the delivery of CPNP. *(Check all that apply)*

Organization	Partner to your program? Yes/No	**How often did you work together with this organization this year?**				
		Once only	**Sometimes**	**Weekly**	**Monthly**	**Other**
❑ Friendship Centres						
❑ Local Businesses						
❑ Not for Profit Groups/ Charitable Organizations						
❑ Schools/Educational Institutes						
❑ Other Programs Funded by Federal Government						
❑ Other Programs Funded by Provincial or Territorial Government						
❑ Other (specify):						

6 In a **typical week** in your CPNP program, how many hours did the following types of individuals contribute to program delivery this year? Provide numbers for all of the positions that apply for a **typical week**.

POSITION	Not Involved	**How is this person paid?**			Estimate hours per week OR month OR year (please circle)
		CPNP funding	**Other funding**	**Volunteer not paid**	
Community Health Nurse					__ per week OR month OR year
Community Health Representative/Associate					__ per week OR month OR year
Community CPNP Worker					__ per week OR month OR year
Elder					__ per week OR month OR year
Lactation Consultant					__ per week OR month OR year
Peer Consultant					__ per week OR month OR year
Nutritionist/Dietitian					__ per week OR month OR year
Other					__ per week OR month OR year

PART C: PROGRAM OUTCOMES

Overall Goal: To improve birth outcomes

7* A. Of the total number of women participating in your CPNP program (See question 2B)

How many gave birth to one baby _____
How many had twins, triplets, etc. _____
How many miscarried _____
How many are still pregnant _____
How many were lost to follow-up or have left the area _____

B. For women giving birth, how many live babies were born between April 1, 2004 and March 31, 2005 _____

C. How many babies were born in each of these birthweight ranges?

_____ < 5 lbs 9 ounces (< 2500g)
_____ 5 lbs 9 ounces to 8 lbs 11 ounces (2500g - 4000g)
_____ >8 lbs 11 ounces (>4000g)
_____ # Of babies for whom birthweights are not known
Total: _____ (Should be equal to the number in 7B)

Objective #1: To improve the adequacy of the diet of prenatal and breastfeeding women

8 Which of the following maternal nourishment activities did your program provide, to how many women, and how often?

Activity	Offered by your program?	How many women received this service?	How often did a woman in your program usually receive this service this year?				
			Once only	Sometimes	Weekly	Monthly	Other
Food Vouchers							
Food baskets/boxes							
Community kitchens							

Objective #2: To increase access to nutrition services, particularly by those at high risk

9* A. How many pregnant women participating in CPNP had the following risk factors:

_____ 16 years of age or younger
_____ cigarette smoking
_____ expecting twins or triplets
_____ weight loss or poor weight gain during pregnancy
_____ becoming pregnant less than twelve months after a previous pregnancy
_____ using drugs or drinking alcohol or sniffing
_____ diagnosed with diabetes during this pregnancy
_____ had diabetes before this pregnancy
_____ other (specify): _____

B. How many women participating in CPNP were referred to the following:

_____ Treatment Centre for Substance Abuse
_____ Registered Dietitian/Nutritionist
_____ Physician
_____ Lactation Consultant
_____ Early Childhood Intervention Program
_____ Social Services
_____ Family Support Worker/Program
_____ Diabetes Educator/Program
_____ Food Bank
_____ Mental Health Worker
_____ Traditional Healer
_____ Midwife
_____ Nurse Practitioner
_____ Other (specify):_____

Objective #3: To increase breastfeeding initiation and duration rates

10* A. How were the babies born to women participating in CPNP (Question 7B) fed at birth?

_____ # Of babies breastfed (at least 2/3 of infant's regular feedings are breastmilk)
_____ # Of babies not breastfed
_____ # Of babies for whom this information is not known
Total: _____ (Should be the same number as 7B)

B. Of the number of breastfed babies, how long were they breastfed?

_____ Less than 3 months
_____ Between 3 - 6 months
_____ More than 6 months
_____ Baby is still breastfed (March 31, 2005)

Objective #4: To increase knowledge and skill building opportunities for workers and participants

11 Please identify relevant training events attended by those workers involved in CPNP program delivery.

Training Topics or Focus	Length of Session	# of Individuals Who Participated From Your Project	List Those Who Participated (i.e. CHR, CHN, Project Co-ordinator)

12 Briefly describe how participants (preconception, pregnant, breastfeeding) increased their knowledge and skills through their involvement with CPNP:

_____

_____

_____

_____

_____

Objective #5: To increase number of infants fed age-appropriate foods in the first twelve months

13 Of the total number of babies born to women participating in CPNP who are eating solid food, how many were introduced solid food:

_____ # Before 4 months

_____ # Between 4 - 6 months

_____ # After 6 months

_____ # For whom this information is not known

PART D: IN YOUR WORDS

14 Briefly describe how culture and tradition were incorporated into your CPNP program:

15 Please describe one or two lessons learned about CPNP program delivery:

16 Please share one or two success stories:

17

A. Please comment on the communication/assistance that you received from FNIHB to implement and further develop your CPNP program over the past year. Please comment on any related training opportunities and/or resource materials provided by FNIHB.

B. Do you have any suggestions or recommendations for FNIHB to assist you and/or improve program delivery?

Please return this report to:

DEFINITIONS

Funding

Total funding provided to your community to develop and implement CPNP activities

Breastfeeding

We consider a woman to be breastfeeding if at least 2/3 of infant's regular feedings are breast milk

Other Programs Funded by Federal Government

Programs such as but not limited to: Aboriginal Head Start, Aboriginal Diabetes Initiative, Home and Community Care

Other Programs Funded by Provincial or Territorial Government

This varies in each province and territory

Solid Foods

Any food other than breast milk and/or infant formula. Pablum or cereal is a common first 'solid' food

APPENDIX E

Introduction

A job description outlines what is expected of workers. This includes their hours of work, who they report to and the activities they are involved in.

This appendix is a sample job description that lists the general activities that a CPNP worker may be involved in. Although all projects are not run in the same way, you may be able to use this sample job description and adapt it for your program.

Below is a sample job description for a CPNP worker. You may be able to adapt it to meet the needs of your community.

Job Title: Prenatal Nutrition Program Worker

The Community Advisory Group

Monday to Thursday 1 p.m. to 5 p.m.
Tuesday 6:30 p.m. to 9:30 p.m.

The program worker makes sure that all program activities for pregnant women are running well, according to the prenatal nutrition program's goals and objectives.

- Organizes cooking groups for pregnant women. Helps women choose recipes, shops for groceries and snacks, makes sure there is enough cooking equipment and supplies. Keeps food costs within budget.
- Plans special activities and talks for weekly mothers' support group. Prepares healthy snacks for the group.
- Gives basic information on healthy eating, food shopping, and breastfeeding to women who come to the program.
- Assesses food intake of pregnant women regularly.
- Promotes the program in the community by sharing information at the prenatal clinic at the health centre, setting up information tables at the stores, and announcing program activities on the radio.
- Arranges childcare during program activities. Supervises the childcare worker.
- Makes sure that the program's site is clean and safe for women.
- Organizes regular meetings of the Community Advisory Group.
- Ability to read and write English at a grade 8 level.
- Basic cooking skills, and able to follow recipes and manage food costs.
- Ability and willingness to work with many people, to learn new information or activities related to healthy pregnancies.
- Good management skills, punctual, committed to helping pregnant and breastfeeding women.

APPENDIX E

Introduction

It is a good idea to involve other partners in your CPNP projects. Partners can work together to promote healthy pregnancies and breastfeeding in the community.

This appendix gives you information on the roles of some common project partners:

- Registered Dietitians / Registered Nutritionists
- The CPNP contact in your region
- Community advisory group
- Lactation consultant
- Breastfeeding counsellor or resource mother

It also describes other partners that are common in the territories. Programs in Canada's provinces might not use these partners as often. They might find these ideas useful for their own programs.

- Program coordinator and program assistants
- Regional and community sponsoring agencies

Registered Dietitians and Registered Nutritionists

Registered dietitians and registered nutritionists have expert knowledge and training. They know how to assess eating habits and how to provide counselling to help pregnant women improve their eating habits.

For this reason, communities need their support to ensure that mothers and infants get the best care possible.

In many communities, it is not easy to have access to a registered dietitian or registered nutritionist. If this is the case for your community, the CPNP contact in your region may be able to help you to link with one (see Section 7 for a list of CPNP contacts).

Here is what a registered dietitian or registered nutritionist can do:

Assist with the planning, development and evaluation of your program. He or she may be a member of a Community Advisory Group.

Assist in promoting the program in the community.

Train program workers in nutrition for pregnancy and breastfeeding. This may include training on assessing food intake, organizing cooking sessions, or providing up-to-date information, and so on.

Train peer counsellors or resource mothers in nutrition for pregnancy and breastfeeding.

Find or develop handouts or other resources needed by your program. This may include education resources, assessment tools, or teaching aids.

Do a complete nutrition assessment on a woman. This could be done in person, by telephone, or by videoconference.

Counsel high-risk pregnant women.

Review health charts and offer advice to program workers on how to support the women.

Take part as a guest speaker for program activities.

Hire a qualified professional

- The titles "Registered Dietitian", "Professional Dietitian", "Dietitian" and "Registered Dietitian-Nutritionist" are protected by law. That means that only qualified health care workers can use those titles.
- Some qualified dietitians working in community settings use the title "Nutritionist". That term is not protected by law in all provinces. Because of this, people with different levels of training and knowledge can call themselves a "Nutritionist".
- You need to be careful to make sure that the person is a qualified nutrition professional. You can ask the CPNP contact in your region to check (see Section 7 for a list of CPNP contacts).

The CPNP Contact in Your Region

The CPNP contact in your region has specific roles related to your prenatal nutrition program. These include:

- reviewing program work plans, and providing feedback and approval
- participating in regional advisory groups that review and approve proposals
- assessing needs for training
- planning and assisting with training of CPNP workers
- helping to ensure that CPNP activities complement existing programs in the region
- providing information on funding to programs

See Section 7 for a list of CPNP contacts.

Community Advisory Group

It is a good idea to form a community advisory group to provide overall direction for your program. In the territories, it is standard to form this group.

Here is what the advisory group can do:

Provide advice on how to plan and promote the program.

Assist in hiring program workers. This can include writing job descriptions, deciding on hours of work, wages and benefits, and participating in interviews.

Help you solve problems that may come up.

Advise the program coordinator of issues in the community.

Provide direction and consultation on pregnancy and breastfeeding issues.

Plan the next year's activities.

Who should become a member of this group?
Three to five people is usually enough for an advisory group. The number of people in the group would depend on the community's size and interest in the program.

The people you invite to volunteer as a member of this group should have skills and knowledge in many areas. For example:

- planning or running programs
- managing budgets
- coordinating support groups
- planning and carrying out learning activities
- professional knowledge of nutrition, pregnancy and breastfeeding

Members may include:

a pregnant woman who attends the program

elders

a nurse or community health representative (CHR) from the health centre or public health unit

a registered dietitian or registered nutritionist (a Regional Nutritionist if the program has one)

a social services worker, alcohol and drug worker, community wellness program worker, or recreation worker

a councillor from the community leadership

a grocery store owner or manager

the program's coordinator (It may be the coordinator's job to arrange advisory group meetings.)

In the territories, this group may also include:

a Pauktuutit member or Native Women's Association member

Hamlet or Band councillor

a member of the Hunters and Trappers Association

Community Advisory Group (con't)

How often should an advisory group meet?
It is good to have at least four meetings each year. The group may need to meet more often if the program is just starting. In some programs, the group meets every to 1 to 2 months. Make sure to keep a written record of the issues discussed and the decisions made at the meeting (called minutes). You can include the minutes in the program's regular or year-end reports.

Lactation Consultant

Your program may want to hire a lactation consultant or invite one to come as a guest speaker. Or you may want to help pay for a nurse or dietitian in your community to get training to become a lactation consultant.

A lactation consultant has special training to help breastfeeding mothers.

Here is what she can do:

- Help solve difficult breastfeeding situations, such as how to feed a jaundiced baby, or how to deal with nipple or breast problems.
- Train breastfeeding counsellors or resource mothers to understand the basics of breastfeeding.
- Act as a resource person for the program.

Breastfeeding Counsellor or Resource Mother

Here is what a breastfeeding counsellor or resource mother can do:

- Be a role model.
- Assess a woman's readiness to breastfeed.
- Visit the breastfeeding mother often in the early weeks after birth.
- Keep up-to-date with information on breastfeeding.
- Provide the women with correct information on the benefits of breastfeeding, common concerns and the normal needs of the baby.
- Bring pregnant and breastfeeding women together.
- Offer home visits, group sessions, and telephone follow-ups.
- Refer special or difficult problems to a lactation consultant or nurse.

Partners that are Common in the Territories

Regional and Community Sponsoring Agencies

Sponsoring agencies are common in the territories. Keeping track of the money for prenatal nutrition programs is one of the duties of the sponsoring agencies.

Regional sponsoring agencies

These are usually aboriginal organizations or regional health and social services boards.

The regional sponsoring agency:

- signs the contribution agreement with the territorial government
- administers the prenatal nutrition programs in all of the communities in its region
- provides regional and financial reports to the territorial government

Community sponsoring agencies

These are often local governments like hamlet or band offices, friendship centres, wellness agencies, or district education authorities.

The community sponsoring agency:

- handles the money for its community's prenatal nutrition program
- keeps track of payroll (Program workers are usually employees of the community sponsoring agency.)
- keeps track of accounts and payment of suppliers
- writes activity reports and financial statements that are sent to the regional sponsoring agency
- regularly reviews the program's finances and activities with the program coordinator and the community advisory group (at least once every 3 months)
- participates regularly in meetings of the community advisory group. (Someone from the community sponsoring agency usually becomes a member of the advisory group.)

Partners that are Common in the Territories (con't)

Program Coordinator and Program Assistants

These workers are common in the territories. A program coordinator and program assistants run the day-to-day activities and work with the women who come to the program. They are often the first point of contact with a pregnant woman.

Program coordinator

The coordinator is responsible for all services offered by the program. The coordinator usually has training and experience in community health and education.

Some duties of the coordinator may include:

- planning program activities
- making sure that all services are running well according to the program's goals and objectives
- meeting with the community advisory group about the program's activities and financial needs
- supervising and training program assistants
- holding one-on-one sessions and being directly involved in program activities like cooking groups
- completing program evaluations, reports and financial statements

Program assistants

Program assistants may include:

- outreach workers or resource mothers who understand the needs of the women and encourage changes for a healthier pregnancy
- peer counsellors who have training in a special area like breastfeeding
- cooking facilitators who have good cooking and food shopping skills, and can be responsible for the cooking groups
- prenatal health educator or childbirth educator, usually hired on a contract to teach the prenatal groups
- childcare workers who care for the children so that their mothers can enjoy the program's activities

APPENDIX G

Introduction

This appendix will tell you the types of goods and services related to prenatal nutrition and breastfeeding that are funded through the Non-Insured Health Benefits program (NIHB). CPNP funds cannot be used to pay for these items as they are already covered by NIHB.

This section of
The CPNP Guidebook
is not complete.

- You will receive more information for this section once it is available.
- If you need more information now, ask the CPNP contact in your region (see Section 7 for a list of contacts).

APPENDIX H

Introduction

As a CPNP worker, you are responsible for keeping the kitchen safe when your group has a cooking class or is making baby food. This appendix provides you with some tips on how to make sure your kitchen is safe.

Cooking with a group can be very hectic. Before the cooking begins, take time to talk about how to prevent accidents, and make a few safety rules for the kitchen.

Making the kitchen a safe place

Keep a first aid kit in the kitchen. Learn basic first aid.

Keep a fire extinguisher in the kitchen. Make sure it is fully charged and that you know how to use it.

Put a list of safety tips on the kitchen wall. Talk about the tips with all the women in your program before you begin your activity.

Find out where the fire exit is. Do a fire drill at least once with each group.

List of safety tips for the kitchen

- Everyone must wear shoes in the kitchen.
- Wipe up spills (from the floors and counters) right away.
- Pick up things that fall on the floor.
- Close cupboards and drawers.
- Use oven mitts (not dishtowels) to take things out of the oven. Carry hot dishes carefully.
- Turn pot handles in toward the stove (do not let them stick out over the edge of the stove).
- Keep paper towels, recipes, potholders and cloths away from the stove.
- Do not leave food cooking on the stove without someone watching it. Food can burn easily.
- Keep knives and ulus sharp. Carry knives and ulus with the blade pointing down toward the floor.
- Use cutting boards to cut food.
- Leave dirty knives and ulus beside the sink. Do not throw them into a sink full of water.
- Do not use broken or chipped dishes, cups or plates. Throw them away.
- Keep children out of the kitchen.

APPENDIX 1

HOW TO MAKE SURE FOOD IS SAFE

Introduction

It is important to prepare and put away (or store) food in the proper way. This appendix gives you tips on how to make sure food is safe.

Why do we need to prepare and store food properly?

- so the food will not spoil
- so the food will be safe to eat
- so we can keep costs low by not wasting food.

Eating food that is not safe can lead to food poisoning. This can be very serious in a pregnant woman. It can cause harm to the unborn baby.

Everyone who is a part of a prenatal nutrition program needs to know how to handle food in a safe way.

- Make sure you know how to handle food safely.
- Remind the women in your group about food safety every second or third time you meet.

It is important to prepare and put away (or store) food in the proper way.

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How to store (put away) food that belongs to your program

- Foods must be stored in a place that is:
  - clean and dry with good air flow (ventilation)
  - free of bugs and dirt
  - easy to reach
  - secure (kept in a locked room, locked cupboard or locked freezer)
- Check expiry dates (on milk, bread, and other foods). Use the food before the expiry or "best before" dates.
- Store newer foods at the back of the shelf and move older ones to the front.
- Throw away cans of food that have dents or are swollen.
- Throw away any food you think may be spoiled. Be careful — some spoiled foods may not smell, taste or look bad.
- Clean the cupboards, fridge and freezer often.
- Make sure that containers have no cracks or holes. Put a label on containers to show the name of the food or the date when a package was opened.
- Keep laundry or dish soap, bleach, and other cleaners far away from food, in their own cupboard.

Everyone who is a part of a prenatal nutrition program needs to know how to handle food in a safe way.

- Make sure you know how to handle food safely.
- Remind the women in your group about food safety every second or third time you meet.

How to handle food safely

Clean

- Wear clean clothes and a clean apron. Tie back long hair. Do not smoke in the kitchen.
- Wash your hands, utensils and flat surfaces with hot soapy water before, during and after you prepare foods.
- Wipe or soak counters, cutting boards, pots and utensils using a mixture of bleach and water. **You do not need to use a lot of bleach.** We suggest only 1 teaspoon of bleach for every 3 cups of water.
- Use clean dishtowels and dish cloths.
- Wash all vegetables and fruit well before using.

Each person in the group should wash their hands often with soap and warm water:

- before touching food
- after touching raw meat, fish or bird
- after using the bathroom or blowing their nose
- after coughing, sneezing or touching their eyes
- after taking out the garbage or sweeping the floors

Separate

- Keep raw meats (including fish and bird) away from other foods when you are cooking and when you store foods.
- Use separate cutting boards for raw meats and for vegetables.
- Always keep foods covered.

Cook

- Make sure food is well cooked (and that dried meat is well dried). Cooking times and temperatures vary for different kinds of meat and bird.
- **Keep hot foods hot!** Prepare hot foods quickly, and serve them right away so they do not stay at room temperature where bacteria can grow.
- Use one spoon to stir food and another spoon to taste food. Do not put the "tasting" spoon back into the pot.

Chill

- Follow the 2-hour rule. Refrigerate or freeze leftovers and other foods that can spoil at room temperature within 2 hours.
- **Keep cold foods cold!** Make sure the fridge is set at a temperature of 4°C (40°F), and keep the freezer at –18°C (0°F).
- Thaw meats in the fridge. You may need to take meat out of the freezer a day or two before you are planning to cook it.

Perishable and non-perishable foods must be stored in different ways

	Perishable foods	Non-perishable foods
What are they?	Foods that spoil easily	Foods that can be kept for a longer time and do not need to be kept in the fridge
Examples	Fresh meat, fish, chicken, cheese, fresh milk, yogurt, eggs, fresh fruits and vegetables	Macaroni, rice, dried beans, flour, sugar, canned foods
How to store them	• Store perishable foods in the fridge. • Keep potatoes, onions, and bananas in a dry, cool cupboard. • Your fridge's temperature should be 4°C. • Your freezer temperature should be -18°C or colder. • Leave eggs in the carton and store them in the fridge. • Throw away broken or cracked eggs. • Use raw foods within 2 to 3 days. • Use cooked leftovers within 3 to 4 days.	• Keep non-perishable foods in a dry, cool place. • Store them on shelves, not on the floor. • Put opened bags of flour, sugar and oatmeal in clean containers with lids. • Do not let canned foods freeze.

How to store leftovers

- When you are cooking, wrap up extra (leftover) ingredients or put them in a container with a lid. Put a label on them that says what the food is and the date.
- Put cooked leftovers into the fridge until you are ready to eat them.
- Put leftover canned food into another dish or container before storing it in the fridge.
- Use cooked leftovers within 3 to 4 days.
- Use raw leftover meat, fish or bird within 2 to 3 days.
- Do not re-freeze meat, fish or bird that was frozen before. You should cook any leftover raw meat, fish or bird and then put it in the fridge or freezer.

Eating food that is not safe can lead to food poisoning. This can be very serious in a pregnant woman. It can cause harm to the unborn baby.

Food safety tips for pregnant women

- Do not eat hot dogs or luncheon meats during pregnancy unless they are reheated until steaming.
- Avoid soft cheeses (like camembert or brie) and blue-veined cheeses during pregnancy.
- Do not eat refrigerated meat spreads during pregnancy. Canned or shelf-stable meats are safe to eat.
- Only eat refrigerated smoked fish if it is in a cooked dish, such as a casserole. Canned fish or shelf-stable smoked fish are safe to eat.
- Do not eat raw meats (including fish and bird), raw eggs and unpasteurized milk products.
- Do not buy cans that are dented, rusty or swollen. The food inside the can may not be safe to eat.
- Use a pressure canner for home canning of vegetables, meat, bird or fish to prevent botulism.

The book *Building Healthy Babies* has more information on food safety during pregnancy.